

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 82	Date: August 5, 2011
	Change Request 7463

SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS) Web User Guide v2.0 and Chapter 5

I. SUMMARY OF CHANGES: In March 2011, ECRS changed from a Customer Information Control System (CICS) based application to a Web based application. As needed, changes are made to ECRS to allow the contractors to correspond in a more efficient manner.

EFFECTIVE DATE: July 1, 2011

IMPLEMENTATION DATE: September 5, 2011

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/10/ Coordination With the Coordination of Benefits Contractor (COBC)
R	5/10.2/ COBC Electronic Correspondence Referral System (ECRS)
R	5/10.2.1/ ECRS Functional Description
R	5/10.2.2/ Technical Overview - Impact on Contractor Data Centers

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-05	Transmittal: 82	Date: August 5, 2011	Change Request: 7463
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SUBJECT: Updates to the Electronic Correspondence Referral System (ECRS) Web User Guide v2.0 and, Chapter 5

Effective Date: July 1, 2011

Implementation Date: September 5, 2011

I. GENERAL INFORMATION

A. Background:

The Electronic Correspondence Referral System (ECRS) was developed for transmittal of Medicare Secondary Payer information to the Coordination of Benefits Contractor (COBC). In March 2011, ECRS changed from a Customer Information Control System (CICS) based application to a Web based application. As needed, changes are made to ECRS to allow the contractors to correspond in a more efficient manner.

B. Policy:

This transmittal is to notify all Medicare contractors of the non-system changes/updates that have been made to ECRS Web. The ECRS Web User Guide Version 3.0 now includes file layouts, a table of action codes, and required data reference tables for user reference.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I	C A R R I E R	R H H R I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7463.1	Medicare contractors shall follow the procedures in the ECRS Web User Guide v. 3.0. (NOTE: This guide will replace the current version in its entirety to provide contractors with clear direction and additional resources).	X	X	X	X	X					
7463.2	Medicare contractors shall follow the clarified instructions in Pub.100-05, Medicare Secondary Payer Manual, chapter 5, section 10	X	X	X	X	X					
7463.3	Medicare contractors shall enter the employer's full address in the Employer Address Fields on the ECRS Web application, if available. (NOTE: The fields have been expanded to accommodate more information).	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R I E R	R H H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C M W F		
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jinean Carabai 410-786-1280

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and

immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

10 - Coordination With the Coordination of Benefits Contractor (COBC)

(Rev.82, Issued: 08-05-11, Effective: 07-01-11, Implementation: 09-05-11)

Transfer of Initial Medicare Secondary Payer (MSP) Development Activities to the Coordination of Benefits Contractor (COBC)

On November 1, 1999, CMS awarded the COB Contract. The COBC consolidates activities that support the collection, management, and reporting of all other health insurance coverage of Medicare beneficiaries, as well as all insurance coverage obligated to pay primary to Medicare. In April 2000, the COBC implemented the first two phases of the contract, which included the Initial Enrollment Questionnaire and the IRS/SSA/CMS Data Match. On January 1, 2001, the COBC assumed responsibility for virtually all initial MSP development activities formerly performed by contractors. The COBC is charged with ensuring the accuracy and timeliness of updates to the Common Working File (CWF) MSP auxiliary file. The COBC does not process claims, nor handle any mistaken payment recoveries or claims specific inquiries (telephone or written). The COBC is responsible for developing to determine the existence or validity of MSP for Medicare beneficiaries. The COBC handles all MSP related inquiries, including those seeking general MSP information, but not those related to specific claims or recoveries. These inquiries (verbal and written) can come from any source, including but not limited to beneficiaries, attorneys/beneficiary representatives, employers, insurers, providers, suppliers and contractors.

The COBC is primarily an information gathering entity. The COBC is dependent upon various sources to collect this information. With limited exceptions (e.g., claim clarification with provider to avoid returning the claim to the provider (RTP), contractors are no longer responsible for initiating MSP development and making MSP determinations. Following CMS' correspondence guidelines (found in Pub. 100-09 chapter 2, §20.2.1, 4. Timeliness); the Medicare contractors shall forward all information that they receive that might have MSP implications to the COBC. This requirement includes filling out all fields in the Electronic Correspondence Referral System (E CRS) Web where the information is available. If the Medicare contractor does not have the information, and it is not a required field, the Medicare contractor shall leave the field blank. Only with this timely and accurate information can the COBC evaluate all relevant information to make the correct MSP determination and appropriately update CWF for proper claims adjudication. Once the MSP record has been established on CWF by the COBC, lead contractors shall continue to be responsible for all MSP activities related to the identification and recovery of MSP-related debts.

There must be a very close working relationship between the COBC and the contractors.

Contractor inquiries related to specific work activities shall contact their COB Consortia representative. Medicare contractors shall provide the *COBC* with a list of names, private phone numbers, and fax numbers of each contractor's primary and backup MSP contact

for the COBC's follow-up with the contractor as needed. This information shall be sent to the COBC's representative, Alberta Smythe at ASmythe@ehmedicare.com.

The following provides a description of the activities that are included in initial MSP development and the necessary action(s) of contractors.

10.2 - COBC Electronic Correspondence Referral System (ECRS)

(Rev. 82, Issued: 08-05-11, Effective: 07-01-11, Implementation: 09-05-11)

As of January 1, 2001, the COBC assumed responsibility for virtually all activities related to establishing MSP periods of coverage at CWF that result from initial MSP development activities. Since contractors receive a great deal of MSP information, a system was needed to transfer that information to the COBC for its evaluation to determine if MSP development is necessary. In addition, since the contractors' ability to send update transactions to CWF had been severely restricted, there was a need for a system to allow it to easily submit requests to the COBC to apply changes to existing MSP records at CWF. In order to meet these requirements, the COBC developed and maintains *Electronic Correspondence-Referral System (ECRS Web)* application. This application allows contractor MSP representatives and Regional Office MSP staff to fill out various online forms and electronically transmit information to the COBC.

The ECRS is operational *24 hours a day, 7 days a week, except for maintenance*. Contractors shall report connection problems or systems failures directly to *the COBC EDI Hotline* at *646-458-6740*. If contractors are unable to receive technical assistance from *the COBC EDI Hotline*, or the issue has not been resolved, please contact Alberta Smythe (COBC) at (646) 447-4645. If contractors are still unable to obtain information or the issue continues to go unresolved, please contact *Jinean Carabai (CMS) at (410) 786-1280*.

E-mailed questions or issues should be forwarded to the COBC via Internet address at *ECRSHELP@ehmedicare.com*.

Attachment 1 - ECRS Web User Guide Version 3.0

To view Attachment 1, click here: [Attachment 1](#), ECRS Web User Guide, Software version *2.0*, User Guide version *3.0*

MAJOR CHANGES FROM ECRS 10 to ECRS Web

1. HICN will be required for all assistance requests and inquiries.
2. Beneficiary information will be pre-filled for all assistance requests and inquiries.

3. Prescription Drug Coverage Inquiries will be included on the workload tracking report.
4. The user will be able to print and export, as comma delimited text, search results listings.
5. DCN will be system generated, but may be modified or user can use their own DCN number.
6. The user will be able to change contractor number without having to log out of the application.
7. Contractors will have the ability to upload batch file transactions and download response files via the web application.
8. New CWF Assistance Request Action Codes:
 - a. 'AP' to add policy and or group number on drug records (EGHP Only).
 - b. 'CP' to notify COBC of incorrect ESRD coordination period (MSP Type B Only).
 - c. 'WN' to notify COBC of updates to WCMSA cases (Contractor 79001 Only).
 - d. 'CD' to notify COBC of a change to injury/loss date (Contractor 79001 and Non EGHP Only).
9. CWF Assistance Request Action Codes removed:
 - a. 'RR' which made documentation requests for generation of right of recovery letters
 - b. 'CV' which changed the venue for lead contractor assignment
10. MSP Inquiry Action Codes removed:

- a. 'SC' which suppressed the sending of confirmation letters for EGHP MSP Types.
- b. SL' which suppressed lead contractor assignment and the sending of Right of Recovery Letters.
- c. 'SR' which suppressed the sending of Right of Recovery Letters.

11. Menu options removed:

- a. **Document Copies** which allowed the user to submit requests to the COB contractor for copies of documents.
- b. **Lead Contractor Assignment** which allowed the user to see cases assigned to a lead contractor for coordination of Medicare activities with other contractors and insurance companies.
- c. **Developing Contractor Notification** which allowed the user to view cases in which the developing contractor or CMS Regional Office may have an interest or involvement, but the cases were assigned to another contractor for the coordination of Medicare activities.
- d. **MSP Changed Record Notification** which allowed the user to view MSP occurrences in which the developing contractor or CMS Regional Office may have an interest or involvement, but the MSP occurrences have been added to, updated on, or deleted from CWF by the COB contractor.
- e. **Workers Comp Set Aside Detail** which allowed the user to Add, View and Update Workers' Compensation Set-Aside Trust Cases.
- f. **Workers Comp Set Aside List** which allowed the user to view a list of Workers' Compensation Set-Aside Trust Cases.

12. GHI will have their own access code which will give them the same authority as the Regional Offices.

13. Contractors will not be using the CICS application.

Attachment 2 – ECRS Web - Quick Reference Card Version 1.0

To view Attachment 2, click here: [Attachment 2](#), ECRS Web User Guide Quick Reference Card v1.0.

10.2.1 - ECRS Functional Description

(Rev. 82, Issued: 08-05-11, Effective: 07-01-11, Implementation: 09-05-11)

- In general, there are two ECRS submission processes. The MSP inquiry process is used to transmit information to the COBC where no related MSP record exists on the CWF. The CWF assistance request is used to transmit information to the COBC to modify or delete existing MSP information currently residing on the CWF for any type of MSP situation (including CMS Data Match records). Contractors shall refer to the ECRS Web User Guide-Attachment 1 for step-by-step instructions on how to submit MSP inquiry and CWF assistance request transactions to the COBC, and how to perform status inquiries on previously submitted transactions.
- Contractors who require access to ECRS Web must register in the CMS Individuals Authorized Access to CMS Computer Services (IACS, request ECRS access, and have a contractor ID and access code. If you have an IACS ID and password and a contractor number and need assistance obtaining a contractor access code, please contact Alberta Smythe at (646) 447-4645 or Bill Ford at (646) 458-6613 at the COBC.

- *To request an IACS ID for access to ECRS WEB, follow the instructions below:*

New User Registration:

- *To obtain IACS Access, go to the CMS Applications Portal Website at the following link: <https://applications.cms.hhs.gov>.*
 - *Read the Warning / Reminder statements and select the "Enter CMS Applications Portal" button.*
 - *On the CMS Applications Portal Introduction screen, click on "Account Management".*
 - *On the Account Management screen, click on "New User Registration".*
 - *On the Individuals Authorized Access to the CMS Computer Services (IACS) screen, click on: "Electronic Correspondence Referral System (ECRS) Web.*
 - *On the Terms and Conditions screen, read the Privacy Act and Rules of Behavior statements. Check the "I Accept the Above Terms and Conditions" box and then select the "I Accept" button. You must select both.*
 - *On the New User Registration Screen, complete all required fields, being sure to enter an accurate email address. Required fields are indicated by an asterisk (*) to the right of the field.*
 - *In the Role drop down box under Access Request, Select User Roles- "ECRS Web User".*
 - *In the Justification Box, type how you will be using ECRS Web and the associated Plan Contract Number.*
 - *Click on "Next", and continue to follow the instructions on the subsequent screens.*
- *If you already have an existing IACS ID, the next step in the process is to add ECRS Web to your CMS profile. You can do that by following the steps below:*

If you already have an IACS ID:

- Go to: <https://applications.cms.hhs.gov>.
- Read the Warning / Reminder statements and select the "**Enter CMS Applications Portal**" button.
- On the CMS Applications Portal Introduction screen, select the "**Account Management**" hyperlink on the top menu bar.
- On the Account Management screen, select the "**My Profile**" hyperlink
- On the Terms and Conditions screen, read the Privacy Act and Rules of Behavior statements. Check the "**I Accept the Above Terms and Conditions**" box and then select the "**I Accept**" button. You must select both.
- On the Login to IACS screen, enter your User ID and Password, and select the "**Login**" button.
- On the My Profile Screen, Select "**Modify Account Profile**"
- Under Access Request, Select "**Add Application**" from the drop down list
- From the Application drop down list, Select "**ECRS Web**"
- In the Role drop down list, select User Roles- "**ECRS Web User**"
- In the Justification Box, **type** how you will be using ECRS Web and the associated Plan Contract Number.
- Click on "**Next**", and continue following the instructions on the subsequent screens.

Next Steps:

- After you complete the IACS New User Registration or have added ECRS Web to your IACS profile, you will be sent an E-mail confirming that IACS has received your request and providing you with a Request Number. You should use that request number if you need to contact the COBC EDI Hotline regarding your request.
- Once the Approver of the ECRS Web has approved the request, two separate E-mail messages will automatically be sent to the email address provided:
 - The first (Subject: FYI: User Creation Completed – Account ID Enclosed) will contain the IACS User ID.
 - The second (Subject: FYI: User Creation Completed – Password Enclosed) will contain the format of the initial password and instructions to change the initial password. You will be required to change your initial password the first time you logs in.
- If your request for registration is denied, you will receive an E-mail informing you that your request has been denied. The E-mail will also provide the justification for the denial.
- Note: If you have not received an approval or denial email within 7 calendar days, or are having difficulty registering for ECRS Web, contact the COBC EDI Hotline at 646-458-6740 or ECRSHELP@ehmedicare.com.

- *To begin using ECRS Web, follow the instructions below:*
 - Contractor opens an Internet Browser and connects to ECRS URL <https://www.cob.cms.hhs.gov/ECRS>.
 - If the contractor has not logged on with his IACS User ID and Password, the system will route the contractor to the CMS Access Management Logon Page.
 - The contractor uses his IACS User ID and Password to log on.
 - The system will route the contractor to the ECRS Federal Systems Login Warning page.
 - The contractor will read the Federal Systems Login Warning and click [Accept] at the bottom of the page.
 - The system displays the COB ECRS Web Contractor Sign In page.
 - The contractor types his contractor number and access code and clicks [Continue].
 - The system displays the COB ECRS Web Main Menu web page.
 - A menu displays from which the contractor chooses from several options. These options allow the contractor to report MSP information, to request a change to an existing MSP record on the CWF, or to view workload tracking reports.
 - The applicable web pages display and the contractor enters data for his request. The application has built-in edits so that required data elements are entered before the request can be completed. Edits permit only valid values to be entered in each field. The ECRS Web user manual can be found at §10.2 Attachment 1.
 - Once the contractor has completed the web entry, he clicks [Submit] and the information is stored on a database table or file on the COBC's mainframe.
 - In the next batch cycle at the COBC site, this request is processed. The COBC's system updates a status field on the request in ECRS. Once a final determination has been made, the COBC updates CWF as appropriate.
 - Contractors should log back on to ECRS to check on the status of their request, including final determination.

10.2.2 - Technical Overview - Impact on Contractor Data Centers

(Rev. 82, Issued: 08-05-11, Effective: 07-01-11, Implementation: 09-05-11)

With the release of ECRS Web, contractor data centers will no longer be able to connect to the COBC mainframe to perform online ECRS functions. All of the current online (CICS) functions have been ported to the ECRS Web application. An Internet connection and an Internet browser will be required to access <https://www.cob.cms.hhs.gov/ECRS/>. The current ECRS CICS application will continue to be available until March 1, 2011, after which the CICS application will be discontinued and all ECRS access will have to be performed via the ECRS Web.

Contractors submitting batch files directly to the COBC Data Center via Connect: Direct
can contact the COBC EDI Hotline @ 646-458-6740.

**Electronic Correspondence
Referral System on the Web
(ECRS Web)
User Guide**

**Software Version 2.0
User Guide Version 3.0**

Rev. 2011-2/April

GHI-DI-175.2.0

ECRS WEB USER GUIDE

Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, Carriers, or Medicare Contractors in the course of carrying out agreements and/or contracts under Sections 1816, 1842, and 1874A of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

Section 1106 (a) of the Act provides in pertinent part that “Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding \$10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, or both.” Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

The Electronic Correspondence Referral System (ECRS) contains IRS tax data. Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may result in sanctions as described in IRC Sections 7431 and 7213, which include, but are not limited to, a fines or imprisonment.

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Chapter 1: Introduction

This chapter contains an introduction to the *Electronic Correspondence Referral System (ECRS) on the Web User Guide*. Refer to the chart below or the Table of Contents to locate topics in this chapter.

To see information about this...	See this page...
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ECRS WEB USER GUIDE

What is ECRS?

Note: Please see the *Confidentiality and Disclosure of Information* statement on the inside of the title page regarding the appropriate handling of information contained in ECRS.

ECRS allows authorized users at Medicare contractor sites and authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, and inquiries concerning possible MSP coverage. Transactions are automatically stored on the Coordination of Benefits (COB) contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status of each transaction is updated as it moves through the system.

Transactions are entered and viewed in ECRS by contractor number. An organization with more than one contractor number must determine how it wants to group its activity. If the organization wants to see all records together, it should use only one contractor number for all ECRS activities. If the organization wants to distinguish the transactions by contract, it should use its different contractor numbers.

ECRS Web CBTs

Register for Computer-Based Training (CBT) courses by sending an e-mail to techi@nhassociates.net. Specify that you are requesting the ECRS Web CBT curriculum, and include your company name, company description (i.e. Fiscal Intermediary, Carrier, Part A and Part B Medicare Administrative Contractor, Medicare Secondary Payer Recovery Contractor, Medicare Advantage Health Plan, or Drug Plan Sponsor) and the name, phone number, and e-mail address for each individual you would like to register. Once your request is processed, an e-mail notification containing the URL for the curriculum will be sent to each registered individual.

About this Guide

This guide was written to help you understand the Electronic Correspondence Referral System (ECRS) for the web. The guide is divided into three parts to help you quickly and easily find the information you need.

Chapter 1, the *Introduction*, is the section you are reading now. It contains information about how to use the guide. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire *Introduction* before reading the rest of the guide.

Chapter 2, *CWF Assistance Request Transactions*, contains step-by-step instructions for performing assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 3, *MSP Inquiry Transactions*, contains step-by-step instructions for performing MSP inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 4, *Prescription Coverage Inquiry Transactions*, contains step-by-step instructions for performing Prescription Coverage inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 5, *Workload Tracking Reports*, details how to run and display the Tracking report for Medicare contractors, as well as CMS and RO users.

Chapter 6, *Uploading & Downloading Files*, contains step-by-step instructions for uploading assistance request and inquiry files to ECRS Web, as well as downloading response files.

Appendices A, B, and C are Required Data Reference tables that provide a quick way to determine the data required for completing assistance requests and inquiries.

Appendix D, Reason Codes, lists all possible Reason codes that are available in ECRS Web.

Appendix E, *CWF Remark Codes*, lists all possible Remark codes that can be entered on the first page of CWF Assistance requests.

Appendix F contains File Layouts, which outlines how files must be formatted to be successfully uploaded to ECRS Web.

Appendix G, *Frequently Asked Questions*, contains a list of common questions about ECRS Web, along with the corresponding answers.

Appendix H is a *Glossary* that defines terms and acronyms associated with ECRS.

How to Use the Required Data Reference Tables

The reference tables in Appendices A, B, and C list the page names associated with completing an assistance request or inquiry. Below each page name are the data fields on the page. Across from each field, there is a Y or N, indicating if the field is required. The Notes column dictates when that field is required, if applicable. If the field is marked as required, and the Notes column is blank, then the field is required in all circumstances. If the field is marked as required, and there is information in the Notes

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column, that indicates that the field is only required in the situations listed.

User Guide Conventions

This section explains how information appears in the guide. Understanding the conventions will help you to better understand the tasks and web page explanations.

Information that links/navigates to other information within the application appears in **bold typeface**. For example, in the following instruction, “click [**Continue**],” continue is in bold typeface because you must click on that link to go to the next page.

System messages appear in CAPITAL LETTERS. For example: The system displays the message, “HICN NOT ENTERED.”

Application web page examples are representative of the pages that you see within ECRS Web. The actual information may not be the same, unless otherwise noted in the guide.

Pointers throughout the guide can help you locate information. The guide includes a master Table of Contents in the front, and smaller Tables of Contents at the beginning of the chapters. In addition, each page has headers and footers you can use to determine where you are in the guide.

Basic Functions

Logging On

Individuals who require access to ECRS Web must register in the CMS Individuals Authorized Access to CMS Computer Services (IACS), and have a contractor ID and access code. If you have an IACS ID and a contractor number and need assistance obtaining an access code, please contact Alberta Smythe at (646) 447-4645 or Bill Ford at (646) 458-6613 at the Coordination of Benefits Contractor (COBC).

1. Open an Internet Browser.
2. Connect to the ECRS URL: <https://www.cob.cms.hhs.gov/ECRS>
3. If you have not logged on with your IACS User ID and Password, the system routes you to the CMS Access Management Logon Page.
4. Enter your IACS User ID and Password log on.
5. The system routes you to the ECRS Federal Systems Login Warning page.
6. Read the Federal Systems Login Warning and click [**I Accept**] at the bottom of the page.
7. The system displays the ECRS Contractor Sign-In page, as shown in the following example.

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Contractor Sign-In Page Description

Contractor Sign In Page	
Field Name	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors. Or GHI, CMS, or Regional Office identification number. <i>Required field</i> for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by COB contractor. <i>Required field</i> for contractors. Or Five-character authorization code for GHI, CMS, and Regional Office users. <i>Required field</i> for GHI, CMS, and RO users.
<i>SUBMITTER TYPE</i>	<i>Type of submitter. Select "Part C" or "Part D."</i> <i>Note: This field displays for users who can submit Part C or Part D data, after the CONTRACTOR NUMBER and ACCESS CODE fields have been populated.</i>
Page Navigation	Description
CONTINUE	Click [Continue] to navigate to Main Menu page.
RIGHT SIDE BAR INFORMATION	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
User	
ID	User ID of person logged in. (<i>protected field</i>)
NAME	Name of person associated with the User ID. (<i>protected field</i>)
PHONE	Phone number associated with the User ID. (<i>protected field</i>)
Important Information	
Heading Bar Navigation	Description
HOME	Click [Home] to return to Main Menu page.

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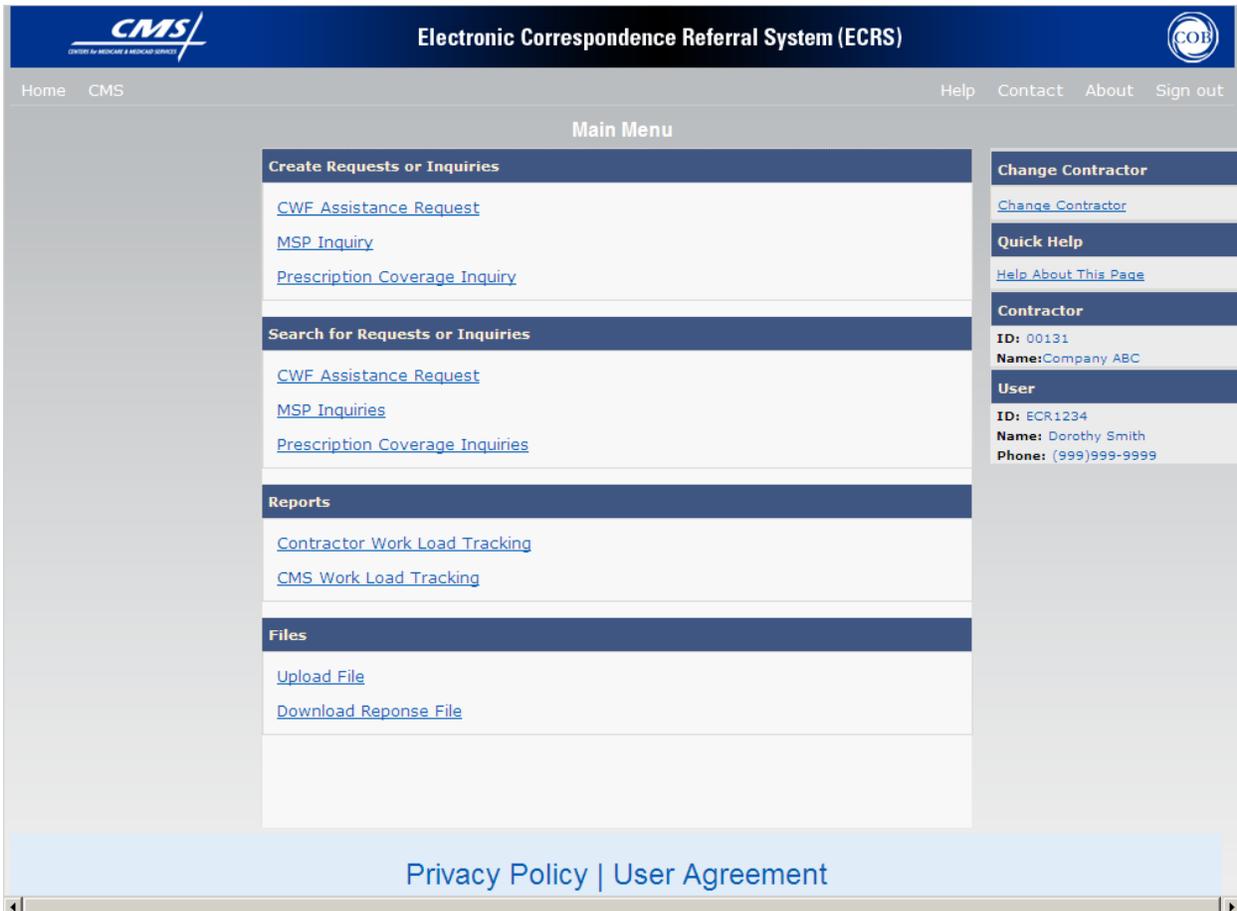
Contractor Sign In Page	
Field Name	Description
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.

8. Enter the appropriate values in the CONTRACTOR NUMBER and ACCESS CODE fields.
9. For users who can submit Part C or Part D data, the Contractor Sign In Page redisplay, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field displayed and enabled. Select a Submitter Type.
10. Click [**Continue**]. The system then displays the Main Menu page.

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Main Menu

The Main Menu is the Home page for the ECRS application. Select the tasks you want to perform from this page. Click on a link to access information in ECRS.



Main Menu Page Description

Main Menu Page	
Link	Description
Create Requests or Inquiries	
CWF ASSISTANCE REQUEST	Click [CWF Assistance Request] to enter a new Assistance Request.
MSP INQUIRY	Click [MSP Inquiry] to enter a new Inquiry.
PRESCRIPTION COVERAGE INQUIRY	Click [Prescription Coverage Inquiry] to enter a new Inquiry.
Search for Requests or Inquiries	
CWF ASSISTANCE REQUESTS	Click [CWF Assistance Request] to enter search criteria.
MSP INQUIRIES	Click [MSP Inquiry] to enter search criteria.

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Main Menu Page	
Link	Description
PRESCRIPTION COVERAGE INQUIRIES	Click [Prescription Coverage Inquiry] to enter search criteria.
Reports	
CONTRACTOR WORKLOAD TRACKING	Click [Contractor Workload Tracking] to select criteria and display the workload tracking report for your contractor.
CMS WORKLOAD TRACKING	Click [CMS Workload Tracking] to select criteria and display the workload tracking report for contractors. Note: Restricted to CMS and Regional Offices
Files	
Note: File Upload and Download are restricted to selected users. Contact the EDI Help desk at (646) 458-6740 for additional information.	
UPLOAD FILE	Click [Upload File] to upload ECRS transaction files.
DOWNLOAD RESPONSE FILE	Click [Download Response File] to download ECRS response files for transactions uploaded on ECRS web.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

Logging Off

Click [**Sign out**] on the Menu bar. The system returns you to the CMS Access Management Logon Page.

Chapter 2: CWF Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a CWF assistance request. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the CWF assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Adding CWF Assistance Request Transactions	11
Retrieving Beneficiary Information for CWF Assistance Requests	11
Importing HIMR MSP Information for CWF Assistance Requests	38
Viewing a List of CWF Assistance Request Transactions	39
Viewing, Updating, and Deleting CWF Assistance Request Transactions	39

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Create Requests or Inquiries	
CWF ASSISTANCE REQUEST	
Action Requested	16
HIMR MSP Data List	38
CWF Auxiliary Record Data	22
Informant Information	25
Insurance Information	28
Employment Information	31
Additional Information	33
Comments/Remarks	36

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For information about this web page...	See this page...
Summary	37
Search for Requests or Inquiries	
CWF Assistance Requests	39

Adding a CWF Assistance Request Transaction

Use the [**CWF Assistance Request**] link under Create Requests or Inquiries on the Main Menu, to add CWF Assistance Request transactions for existing CWF MSP auxiliary occurrences.

To submit an inquiry to the COB contractor about a possible MSP situation not yet documented at CWF, use the [**MSP Inquiry**] link on the Main Menu (page 46).

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered and saved on the first page of the CWF Assistance Request (Action Requested). The information is displayed on the right side bar, and carried forward on the CWF Assistance Request transaction.

Action Codes

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP inquiry record. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF.

For CWF Assistance Request transactions, you are required to enter at least one action code, but you have the ability to enter a maximum of four codes. For MSP inquiries, you are not required to enter any action codes.

If you type information in a field (for example, TERMINATION DATE), but you do not type the corresponding action code TD in the ACTION field, the system will not update that information on the MSP auxiliary occurrence at CWF.

The following table lists all action codes available in ECRS Web.

Task	Action Code
<i>Change Attorney Information</i>	<i>AI</i>
<i>Add Policy and/or Group Number</i>	<i>AP</i>
<i>Add CWF Remark Codes</i>	<i>AR</i>
<i>Date of Injury/Date of Loss Changes</i>	<i>CD</i>
<i>Incorrect ESRD Coordination Period</i>	<i>CP</i>
<i>Change Termination Date</i>	<i>CT</i>
<i>Develop to the Attorney</i>	<i>DA</i>

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Task	Action Code
<i>Develop for the Diagnosis Code</i>	<i>DD</i>
<i>Develop for Employer Information</i>	<i>DE</i>
<i>Develop for Insurer Information</i>	<i>DI</i>
<i>Mark Occurrence for Deletion</i>	<i>DO</i>
<i>Investigate Closed or Deleted Record</i>	<i>DR</i>
<i>Develop For Termination Date</i>	<i>DT</i>
<i>Change Diagnosis Code</i>	<i>DX</i>
<i>Change Employer Address</i>	<i>EA</i>
<i>Change Effective Date</i>	<i>ED</i>
<i>Develop for Effective Date</i>	<i>EF</i>
<i>Change Employer Information</i>	<i>EI</i>
<i>Employer Size Below Minimum</i>	<i>ES</i>
<i>Change Insurer Information</i>	<i>II</i>
<i>Change Insurance Type</i>	<i>IT</i>
<i>Add No-Fault to Liability Record</i>	<i>LR</i>
<i>Change MSP Type</i>	<i>MT</i>
<i>SSN/HICN Mismatch</i>	<i>MX</i>
<i>Create Duplicate No-Fault Record</i>	<i>NR</i>
<i>Change Pre-Paid Health Plan (PHP) Date</i>	<i>PH</i>
<i>Change Patient Relationship</i>	<i>PR</i>
<i>Add Termination Date</i>	<i>TD</i>
<i>Update A Record For A Vow Of Poverty</i>	<i>VP</i>
<i>Notify COBC Of Updates To WCMSA Cases</i>	<i>WN</i>

Action Requested Page

From the Main Menu page, click [**CWF Assistance Request**] under Create Requests or Inquiries. The system displays the Action Requested page, the first page of a CWF Assistance Request, as shown in the example below.

The Action Requested page is the first page displayed when adding a new CWF Assistance Request. The information entered on this page determines required information on subsequent pages.

Navigation Links

The following links display on each page of the CWF Assistance Request Transaction:

CWF Assistance Request	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Left Side Bar Navigation	
ACTION REQUESTED	Click [Action Requested] to go to the Action Requested page.
CWF AUXILIARY RECORD DATA	Click [CWF Auxiliary Record] to go to the CWF Auxiliary Record Data page.

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CWF Assistance Request	
Location	Description
INFORMANT INFORMATION	Click [Informant Information] to go to the Informant Information page.
INSURANCE INFORMATION	Click [Insurance Information] to go to the Insurance Information page.
EMPLOYMENT INFORMATION	Click [Employment Information] to go to the Employment Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to the Additional Information page.
COMMENTS/REMARKS	Click [Comments/Remarks] to go to the Comments/Remarks page.
SUMMARY	Click [Summary] to go to the Summary page.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
Note: Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
Beneficiary	Description
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>

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CWF Assistance Request	
Location	Description
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of birth for the beneficiary. <i>(protected field)</i>
DCN	Description
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i> CM Completed DE Delete (do not process) ECRS CWF Assistance Request IP In process, being edited by COB NW New, not yet read by COB Note: STATUS will always be NW until the transaction is processed.
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. <i>(See Appendix D for the complete list of codes.) (protected field)</i> Note: REASON will always be 01 until the transaction is processed.

1. Type/select data in all of the required fields on the Action Requested page, and click [**Continue**]. Required fields are noted with a red asterisk (*) and are as follows:

- DCN
- HICN
- ACTIVITY CODE
- ACTION CODE
- SOURCE

For information on importing HIMR MSP Data for CWF Assistance Requests, see page 38.

Note: If beneficiary information is not found for the HICN you have entered, you will not be able to continue the CWF Assistance Request.

2. After all relevant fields have been entered, click [**Continue**] to go to the CWF Auxiliary Record Data page, or select a page link from the left side bar.
3. If you selected to import HIMR MSP data, clicking [**Continue**] displays the HIMR MSP Data List. See page 19 for more information.
4. To exit the CWF Assistance Request Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

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CWF Assistance Request, Action Requested Page Description

<i>CWF Assistance Request, Action Requested</i>	
Field Name	Description
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>) The system auto-generates the DCN, but it can be changed.
HICN	Health Insurance Claim Number of beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters. Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces the entered HICN with the most current HICN.
ACTIVITY CODE	Activity of contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquires N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act

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CWF Assistance Request, Action Requested	
Field Name	Description
ACTION	<p>Two-character code defining action to take on CWF Auxiliary record (<i>required field</i>). Valid values are:</p> <p>AI Change attorney information AP Add policy and or group number AR Add CWF remark code CD DOI/DOL changes CP Incorrect ESRD Coordination Period CT Change the termination date DA Develop to the attorney DD Develop for the diagnosis code DE Develop to employer or develop for employer information DI Develop to insurer or develop for insurer information DO Mark occurrence for deletion DR Investigate/redevelop closed or deleted record DT Develop for termination date DX Change diagnosis codes EA Change employer address ED Change effective date EF Develop for the effective date EI Change employer information ES Employer size below minimum (20 for working aged, 100 for disability) II Change insurer information IT Change insurer type LR Add duplicate liability record MT Change MSP type MX SSN/HICN mismatch NR Add duplicate no-fault record PH Add PHP date PR Change patient relationship TD Terminate open EGHP record with date less than six months prior to date of accretion VP Beneficiary has taken a vow of poverty WN WCMSA Notification</p> <p>Note: Enter up to four action codes <u>unless</u> the CWF Assistance Request is to:</p> <ul style="list-style-type: none"> • Delete occurrence (DO) • Redevelop a deleted CWF record (DR) • Note a vow of poverty (VP) • Develop for Employer Information (DE) • Develop for Insurer Information (DI) <p>You cannot combine these five action codes with any other action codes.</p>

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CWF Assistance Request, Action Requested	
Field Name	Description
SOURCE	<p>Four-character code identifying source of CWF Assistance Request information (<i>required field</i>). Valid values are:</p> <p>CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey</p>
IMPORT HIMR MSP DATA	<p>Defaults to Yes, but can be changed to No. See page 19 for more information on importing HIMR MSP data.</p>
Page Navigation	Description
CONTINUE	<p>Click [Continue] to go to the CWF Auxiliary Record Data page or the HIMR MSP Data List.</p> <p>Note: All required fields must be populated before clicking [Continue].</p>
CANCEL	<p>Click [Cancel] to return to the Main Menu.</p>

Importing HIMR MSP Information for CWF Assistance Requests

Importing HIMR MSP data allows you to retrieve HIMR BENA and MSPD screens at each host site. The system then transfers that information to the CWF Assistance Request Detail pages and populates the associated fields.

Follow the steps below to import HIMR MSP data for a new CWF Assistance Request.

Note: The HIMR application may be inconsistent after 5 pm. EST.

1. From the Action Requested page, which is the first page of the CWF Assistance Request, type/select all relevant fields, set Import HIMR MSP Data to “Yes,” and click [**Continue**].
2. The system retrieves MSP data, displaying all aux record numbers associated with the HICN, and displays them on the HIMR MSP Data List, as shown in the example below.

The screenshot shows the ECRS web interface. At the top, there is a blue header with the CMS logo and the text "Electronic Correspondence Referral System (ECRS)". Below the header, there are navigation links: Home, CMS, Help, Contact, About, and Sign out. The main content area is titled "CWF Assistance Request". On the left, there is a table titled "HIMR MSP Data List" with the following columns: Aux Rec #, MSP Type, Effective Date, Term Date, Delete Ind, Origin Contractor, Updating Contractor, and Date of Accretion. The table contains six rows of data. On the right, there is a sidebar with several sections: "Change Contractor" with a link, "Quick Help" with a link, "Contractor" with ID: 00131 and Name: Company ABC, and "User" with ID: ECR1234, Name: Dorothy Smith, and Phone: (999)999-9999. At the bottom left of the table, there is a "Cancel" button.

Aux Rec #	MSP Type	Effective Date	Term Date	Delete Ind	Origin Contractor	Updating Contractor	Date of Accretion
001	Working Aged	09/01/1994		D	00131	11110	02/25/2002
002	Liability	01/16/2002		D	11110	11110	04/10/2002
004	Liability	01/16/2002	02/14/2002		11110	11110	05/27/2004
005	Liability	01/16/2002	04/21/2004		11110		06/02/2006
006	No Fault	01/16/2002	06/18/2007		11109	11109	07/01/2006

HIMR MSP Data List Description

HIMR MSP Data List	
Field Name	Description
AUX REC #	Record number of MSP auxiliary occurrence in CWF

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HIMR MSP Data List	
Field Name	Description
MSP TYPE	Description of MSP coverage type. Valid values are: Working Aged ESRD Conditional Payment No Fault Workers' Compensation Federal (Public) Disabled Black Lung Veterans Liability Workers' Compensation Medicare Set Aside
EFFECTIVE DATE	Effective date of MSP coverage.
TERM DATE	Termination date of MSP coverage.
ORIGIN CONTRATOR	Contractor number of the contractor that created original MSP occurrence at CWF.
UPDATING CONTRACTOR	Contractor number of the contractor that most recently updated the MSP occurrence.
DATE OF ACCRETION	Accretion date of MSP coverage in MMDDCCYY format.
Page Navigation	Description
Aux Rex #	Click the [AUX REC #] link to select a record and transfer the data to the CWF Auxiliary Record Data page.
CANCEL	Click [Cancel] to return to the Main Menu.

3. To select HIMR MSP data and transfer it to the CWF Assistance Request Detail pages, click the [**AUX REC #**] link next to that record.
4. The system pre-populates certain fields through the CWF assistance request process, as follows:

Page	Pre-Populated Fields
CWF AUXILIARY RECORD DATA	MSP Type Patient Relationship Auxiliary Record # Originating Contractor Effective Date Termination Date Accretion Date

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Page	Pre-Populated Fields
INSURANCE INFORMATION	Insurance Company Name Address City State Zip Insurance Type Group Number Policy Number Subscriber Name
ADDITIONAL INFORMATION	Diagnosis Codes

Refer to the table below for additional actions:

If you...	Follow these steps:
Don't get a list of HIMR records	<ol style="list-style-type: none"> 1. Check to make sure the HICN entered is correct. 2. Check the time. The HIMR application may be unavailable before 8 am and after 5 pm EST.
Want to use this imported information	<ol style="list-style-type: none"> 1. Change information in any of the fields by typing the correct information over the imported information, if necessary. 2. Continue the CWF assistance request process.
Want to select a different MSP record for the beneficiary if you have already transferred HIMR data to the CWF Auxiliary Record Data page.	From the CWF Auxiliary Record Data page, click [Back To List], and click the Aux Rec # link, next to the record you want to select.
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"> 1. Type the new beneficiary's HICN in the HICN field on the Action Requested page. 2. Set Import HIMR MSP Data to "Yes". 3. Click [Continue] to display the HIMR MSP DATA List. 4. Click the [AUX REC #] link next to the record you want to select.
Want to return to the CWF Assistance Request Action Requested page <u>without</u> selecting data	Click [Cancel].

CWF Auxiliary Record Data Page

Enter/select information on the CWF Auxiliary Record Data page that associates the assistance request with an MSP auxiliary record.

The screenshot shows the 'CWF Assistance Request Auxiliary Record Information' page. The form includes the following fields:

- * Required**
- *MSP Type:** Please Select (dropdown)
- *Patient Relationship:** Please Select (dropdown)
- *Auxiliary Record #:** Please Select (dropdown)
- *Originating Contractor:** (text input)
- *Effective Date:** (calendar icon)
- Termination Date:** (calendar icon)
- Remove Existing Termination Date:**
- Accretion Date:** (calendar icon)

Buttons at the bottom of the form are **Continue** and **Cancel**.

The right sidebar shows the following information:

- Quick Help:** [Help About This Page](#)
- Change Contractor:** [Change Contractor](#)
- Contractor:**
 - ID: 00020
 - Name: PINNACLE BUSINESS SOLUTIONS, INC.
- User:**
 - ID:
 - Name: TEST ECRS USER
 - Phone: 123-456-7890
- Beneficiary:**
 - HICN: 017349490A
 - SSN: ##-##-0000
 - Name: DANIEL KOLZET
 - Address: 2264 RANCH VIEW PLACE
- City, State:** THOUSAND OA, KS
- Zip:** 91362-3163
- Sex:**
- DOB:** 11/30/0002
- DCN:**
 - ID: 1302898583952
 - Origin Date: 04/15/2011
 - Status: NW - New, not yet read by COB
 - Reason: 01 - Not yet read by COB, used with NW status

After all relevant fields have been entered, click [**Continue**] to go to the Informant Information page, or select a page link from the left side bar.

CWF Assistance Request, CWF Auxiliary Record Data Page Description

CWF Assistance Request, CWF Auxiliary Record Data Page	
Field Name	Description

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CWF Assistance Request, CWF Auxiliary Record Data Page											
Field Name	Description										
MSP TYPE	<p>One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside 										
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) <p>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">MSP Type</th> <th style="text-align: left;">Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="border-top: 1px dashed black; border-bottom: 1px dashed black;"></td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP Type	Patient Relationship Code			A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code										
A	01, 02										
B	01, 02, 03, 04, 05, 18, 20										
G	01, 02, 03, 04, 05, 18, 20										
AUXILIARY RECORD #	<p>Record number of MSP auxiliary occurrence in CWF (<i>required field</i>)</p> <p>Note: Part D contractors must enter '001' when aux number is unknown.</p>										

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CWF Assistance Request, CWF Auxiliary Record Data Page	
Field Name	Description
ORIGINATING CONTRATOR	Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i>)
EFFECTIVE DATE	Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION CODE is TD or CT.
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Informant Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Informant Information Page

Enter information on the Informant Information page regarding the person who informed you of the change in MSP coverage.

The screenshot shows the 'CWF Assistance Request Informant Information' page in the ECRS system. The page has a blue header with the CMS logo and 'Electronic Correspondence Referral System (ECRS)'. A navigation menu on the left includes 'Action Requested', 'CWF Auxiliary Record Information', 'Informant Information' (selected), 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The main form area contains the following fields: First Name, Middle Initial, Last Name, Address, City, State (dropdown), Zip, Phone (with area code dropdown), and Relationship (dropdown). 'Continue' and 'Cancel' buttons are at the bottom of the form. The right sidebar shows 'Quick Help' links and 'Beneficiary' details for Daniel Kolzet, including ID, SSN, address, and DCN information.

After all relevant fields have been entered, click [**Continue**] to go to the Insurance Information page, or select a page link from the left side bar.

CWF Assistance Request, Informant Information Page Description

CWF Assistance Request, Informant Information Page	
Field Name	Description
FIRST NAME	First name of person informing contractor of change in MSP coverage. <ul style="list-style-type: none"> Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. Required for all SOURCE Codes when Action Code is AI.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. <ul style="list-style-type: none"> Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. Required for all SOURCE Codes when Action Code is AI.

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<i>CWF Assistance Request, Informant Information Page</i>	
Field Name	Description
ADDRESS	<p>Informant's street address.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
CITY	<p>Informant's city.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
STATE	<p>Informant's state.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
ZIP	<p>Informant's ZIP code.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
PHONE	<p>Informant's telephone number</p>
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. Valid values are:</p> <p>A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown</p> <p><i>Required for:</i></p> <ul style="list-style-type: none"> • All ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Defaults to A when ACTION CODE is AI.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Insurance Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Insurance Information Page

Enter information on the Insurance Information page about the insurance type associated with the MSP coverage.

The screenshot displays the 'CWF Assistance Request Insurance Information' page within the Electronic Correspondence Referral System (ECRS). The page features a blue header with the CMS logo and the system name. A navigation menu on the left includes options like 'Action Requested', 'CWF Auxiliary Record Information', and 'Insurance Information'. The main content area contains a form with the following fields:

- Insurance Company Name:
- Address:
- City:
- State, Zip: Please Select -
- Phone: () -
- Insurance Type: Please Select
- Policy Number:
- Group Number:
- Subscriber First Name:
- Subscriber Middle Initial:
- Subscriber Last Name:

At the bottom of the form are 'Continue' and 'Cancel' buttons. The right sidebar provides user and beneficiary details:

- Quick Help:** [Help About This Page](#)
- Change Contractor:** [Change Contractor](#)
- Contractor:** ID: 00020, Name: PINNACLE BUSINESS SOLUTIONS, INC.
- User:** ID: TEST ECRS USER, Name: TEST ECRS USER, Phone: 123-456-7890
- Beneficiary:** HICN: 017349490A, SSN: ###-##-0000, Name: DANIEL KOLZET, Address: 2264 RANCH VIEW PLACE, City, State: THOUSAND OA, KS, Zip: 91362-3163, Sex: , DOB: 11/30/0002
- DCN:** ID: 1302898583952, Origin Date: 04/15/2011, Status: NW - New, not yet read by COB, Reason: 01 - Not yet read by COB, used with NW status

Type data in all fields to update insurer information at CWF. Leave all fields blank to delete insurer information at CWF.

After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

Note: If you leave the following fields blank, the system deletes the previous values: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME.

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CWF Assistance Request, Insurance Information Page Description

<i>CWF Assistance Request, Insurance Information Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage. <i>Required field</i> when ACTION CODE is II.</p> <p>If INSURANCE COMPANY NAME contains any of the following values it is an error:</p> <p>NO NONE N/A HCFA ATTORNE UNK MIS CMS NA UNKNOWN</p> <p>If INSURANCE COMPANY NAME contains only one of the following values it is an error:</p> <p>BC BS BX BCBX Medicare BLUE CROSS COB COBC Coordination of Benefits Contractor</p> <p>Note: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action Code is II.</p>
ADDRESS	First Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.

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CWF Assistance Request, Insurance Information Page	
Field Name	Description
INSURANCE TYPE	<p>One-character code for type of insurance. Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES) B Group Health Organization (GHO) C Preferred Provider Organization (PPO) D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO) E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA) F Self-Insured/Self-Administered (SELF-INSURED) G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR) H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.</p> <p><i>Required field</i> when</p> <ul style="list-style-type: none"> • ACTION CODE is AI (Attorney information should be entered on Informant Information page) or • ACTION CODE is II and INSURANCE COMPANY NAME is entered.
POLICY NUMBER	<p>Policy number of insurance coverage</p> <ul style="list-style-type: none"> • <i>Required field</i> when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. <p>Note: If GROUP NUMBER is entered, POLICY NUMBER is not required.</p>

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CWF Assistance Request, Insurance Information Page	
Field Name	Description
GROUP NUMBER	<p>Group number of insurance coverage</p> <ul style="list-style-type: none"> • <i>Required field</i> when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W. • <i>Required field</i> when ACTION CODE is CD and MSP TYPE <u>IS</u> D, E, L or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. <p>Note: If POLICY NUMBER is entered, GROUP NUMBER is not required.</p>
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Employment Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Employment Information Page

Enter employment information associated with the MSP coverage on the Employment Information page.

The screenshot shows the 'Electronic Correspondence Referral System (ECRS)' interface. The main heading is 'CWF Assistance Request Employment Information'. The form contains the following fields:

- Employer Name:
- Address:
- City:
- State, Zip: Please Select (dropdown) - -
- Phone: () -
- EIN:
- Employee #:

Buttons at the bottom of the form are 'Continue' and 'Cancel'. The right sidebar displays user and beneficiary details:

- Quick Help**
 - [Help About This Page](#)
 - Change Contractor**
 - [Change Contractor](#)
- Contractor**
 - ID: 00020
 - Name: PINNACLE BUSINESS SOLUTIONS, INC.
- User**
 - ID:
 - Name: TEST ECRS USER
 - Phone: 123-456-7890
- Beneficiary**
 - HICN: 017349490A
 - SSN: ###-##-0000
 - Name: DANIEL KOLZET
 - Address: 2264 RANCH VIEW PLACE
 - City, State: THOUSAND OA, KS
 - Zip: 91362-3163
 - Sex:
 - DOB: 11/30/0002
- DCN**
 - ID: 1302898583952
 - Origin Date: 04/15/2011
 - Status: NW - New, not yet read by COB
 - Reason: 01 - Not yet read by COB, used with NW status

After all relevant fields have been entered, click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

CWF Assistance Request, Employment Information Page Description

CWF Assistance Request, Employment Information Page	
Field Name	Description
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered. <i>Required field</i> when ACTION CODE is EA or EI.
ADDRESS	Employer's street address. <i>Required field</i> when ACTION CODE is EI.
CITY	City associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.
STATE	State associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.

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<i>CWF Assistance Request, Employment Information Page</i>	
Field Name	Description
ZIP	Zip Code associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.
PHONE	Phone Number of Employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of policy holder
Page Navigation	Description
CONTINUE	Click [Continue] to go to Additional Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Additional Information Page

Enter check and beneficiary information on this page. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, Action Requested page.

The screenshot displays the 'CWF Assistance Request Additional Information' page within the Electronic Correspondence Referral System (ECRS). The page features a blue header with the CMS logo and the system name. A navigation menu on the left lists various information categories, with 'Additional Information' selected. The main form area contains several input fields: 'Check Number', 'Check Date', 'Check Amount', 'Pre-paid Health Plan Date', 'Social Security Number', and 'Diagnosis Codes'. Below these fields are 'Continue' and 'Cancel' buttons. The right-hand sidebar provides user and beneficiary details, including ID, Name, Phone, Address, City, State, Zip, Sex, DOB, and DCN.

After all relevant fields have been entered, click [**Continue**] to go to the Comments/Remarks page, or select a page link from the left side bar.

CWF Assistance Request, Additional Information Page Description

<i>CWF Assistance Request, Additional Information Page</i>	
Field Name	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY <i>Required field</i> if ACTION CODE is PH.

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CWF Assistance Request, Additional Information Page	
Field Name	Description
SOCIAL SECURITY NUMBER	Corrected Social Security Number when HICN and SSN do not match CWF. <i>Required field if ACTION CODE is MX</i>
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes. <ul style="list-style-type: none"> • Required when DIAGNOSIS CODE when ACTION CODE is DX. • Required when the MSP TYPE is D, E, or L.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Comments/Remarks page.
CANCEL	Click [Cancel] to return to the Main Menu.

Comments and Remarks Page

Enter comments on the Comments and Remarks page. All comments entered are viewable by the COB Contractor. Refer to Appendix E for the complete list of Remark Codes.

Note: Remarks are only displayed on the Comments and Remarks page when the ACTION code is AR.

CWF Assistance Request, Comments and Remarks Page Description

CWF Assistance Request, Comments and Remarks Page	
Field Name	Description
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the COB contractor. <i>(Protected field)</i> when COB contractor adds a comment. Note: The COB contractor reviews these comments unless the request involves an automated action type (action codes AR, DO, PH, and TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.
REMARKS	Enter at least one Remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix E for more information. <i>Required field</i> when ACTION CODE is AR.
Page Navigation	Description

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<i>CFW Assistance Request, Comments and Remarks Page</i>	
Field Name	Description
CONTINUE	Click [Continue] to go to the Summary page.
CANCEL	Click [Cancel] to return to the Main Menu.

Comments entered for the COB contractor should provide explanation and additional information for the action code selected, such as the examples displayed in the following table:

Action Code	Comment
DO	PLEASE DELETE CASE CLOSED IN REMAS
II	VERIFY INS TYPE...WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES...
TD	PLEASE TERM RECORD
CT	PER EMPLOYER BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission.

After typing/selecting data in all relevant fields on the previous CWF Assistance Request pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you can print the confirmation page.

CWF Assistance Request, Summary Page Description

CWF Assistance Request Summary Page	
For information about this section...	See this page...
ACTION REQUESTED	16
CWF AUXILIARY RECORD DATA	22
INFORMANT INFORMATION	25
INSURANCE INFORMATION	28

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<i>CWF Assistance Request Summary Page</i>	
For information about this section...	See this page...
EMPLOYMENT INFORMATION	31
DIAGNOSIS CODES	33
CHECK INFORMATION	33
ADDITIONAL INFORMATION	33
COMMENTS/REMARKS	35
Page Navigation	Description
SUBMIT	Click [Submit] to go to the Summary Confirmation Page.
CANCEL	Click [Cancel] to return to the Main Menu.

Viewing, Updating, and Deleting CWF Assistance Request Transactions

Follow the steps below to search for and display a list of CWF Assistance Request transactions.

Note: You can only update or delete CWF assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**CWF Assistance Request**] under Search for Requests or Inquiries. The CWF Assistance Request Search page displays, as shown in the example below.

CWF Assistance Request, Search Page Description

CWF Assistance Request, Search Page Criteria		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. (<i>protected field</i>)
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.
HICN	Enter a Health Insurance Claim Number to search by. Note: If searching by HICN, do not enter an SSN or DCN.	

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CWF Assistance Request, Search Page Criteria	
Field Name	Description
SSN	Enter a Social Security Number to search by. Note: If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search by. To view all in-process CWF Assistance Request transactions, select IP in the STATUS field.
REASON	Select a Reason code to search by. <i>(See Appendix D for the complete list of codes.)</i>
USER ID	Enter a User ID to search by.
ORIGIN DATE FROM	Enter a starting date to search by of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date to search by. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search by. Note: If searching by DCN, do not enter a HICN or SSN.
Navigation	Description
SUBMIT	Click [Submit] to display search results.
RESET	Click [Reset] to clear search results.
Transaction Summary	Click [HICN] link to view the Summary page.
Delete	Click [X] to mark a transaction for deletion.
CANCEL	Click [Cancel] to return to the Main Menu.

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View Transactions

1. Type search criteria in the appropriate fields and click **[Submit]**.

Notes:

- To create a list of all CWF Assistance Requests for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of CWF Assistance Requests, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	888888888888	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
X	2345523455	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

CWF Assistance Request, Search Page Listing	
Field Name	Field Name
HICN	Health Insurance Claim Number for CWF Assistance Request transaction. <i>(protected field)</i>
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to CWF Assistance Request transaction by Medicare contractor. <i>(protected field)</i>
STATUS	Status of CWF Assistance Request transaction. <i>(protected field)</i>
REASON	Reason of CWF Assistance Request transaction. <i>(protected field)</i>
ORIGIN DATE	Originating date in MM-DD-CCYY format. <i>(protected field)</i>
LAST UPDATE	Date CWF Assistance Request transaction was last changed in MMDDCCYY format. <i>(protected field)</i>
USER ID	User ID of operator who entered CWF Assistance Request transaction. <i>(protected field)</i>
Navigation	Description
Transaction Summary	Click [HICN] link to view the Summary page.
DELETE	Click [X] to mark a transaction for deletion.

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
4. Change or delete search criteria to initiate a new search.

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Update Transactions

To update information on a CWF Assistance Request transaction, click the [HICN] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

The screenshot displays the 'Electronic Correspondence Referral System (ECRS)' interface. At the top, there is a navigation bar with the CMS logo, the system name, and a COB logo. Below the navigation bar, the page title is 'CWF Assistance Request Summary'. The main content area is divided into several sections:

- Action Requested:**
 - DCN: 1302106295892
 - HICN: 017348689T
 - Activity Code: C - Claims (Pre-Payment)
 - Action Codes: AI - Change Attorney Information
 - Source: SCLM - Claim submitted to Medicare contractor for alternate payments
- Auxiliary Record Information:**
 - MSP Type: L - Liability
 - Effective Date: 04/03/2003
 - Auxiliary Record Number: 001
 - Termination Date:
 - Originating Contractor: 00010
 - Patient Relationship: 01 - Patient is policy holder
 - Accretion Date:
- Informant Information:**
 - Name: INFORMANT INFOR I INFORMANT INFORMATIONINF
 - Relationship: A - Attorney Representing Beneficiary
 - Address: INFORMANT INFORMATIONI
 - City, State, Zip: INFORMANT INFORMATIONI, GA 55555 - 4444
 - Phone: 555-555-5555
- Insurance Information:** (Section header visible)

A 'Print this page' link is located in the top right corner of the main content area.

CWF Assistance Request, Summary Page Description

<i>CWF Assistance Request, Summary Page</i>	
For information about this section...	See this page...
ACTION REQUESTED	16
CWF AUXILIARY RECORD DATA	22
INFORMANT INFORMATION	25
INSURANCE INFORMATION	28
EMPLOYMENT INFORMATION	31
DIAGNOSIS CODES	33
CHECK INFORMATION	33
ADDITIONAL INFORMATION	33
COMMENTS/REMARKS	35

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CWF Assistance Request, Summary Page	
For information about this section...	See this page...
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.
Field Name	Description
COB COMMENTS	Free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear.
USER ID	User ID of person who entered the COB contractor comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development Source Code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source Code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
Page Navigation	Description
RETURN	Click [Return] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [Submit] to save updates. Displays for records in NW status.

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<i>CWF Assistance Request, Summary Page</i>	
For information about this section...	See this page...
CANCEL	Click [Cancel] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or [**Cancel**] to return to the CWF Assistance Request Search Page Listing.

Delete Transactions

To mark a CWF Assistance Request transaction for deletion, click the [**X**] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

To exit the CWF Assistance Request Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

Chapter 3: MSP Inquiry Transactions

This chapter provides you with step-by-step instructions to perform an MSP Inquiry transaction. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the MSP inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Adding MSP Inquiry Transactions	46
Retrieving Beneficiary Information for MSP Inquiries	46
Viewing, Updating, and Deleting MSP Inquiry Transactions	72

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Create Requests or Inquiries	
MSP INQUIRY	
Action Requested	50
MSP Information	53
Informant Information	56
Insurance Information	60
Employment Information	63
Additional Information	65
Prescription Coverage	68
Summary	70
Search for Requests or Inquiries	
MSP Inquiries	72

Adding an MSP Inquiry Transaction

Use the [**MSP Inquiry**] link under Create Requests or Inquiries on the Main Menu, to add MSP Inquiry transactions for possible MSP situations not yet documented at CWF.

To enter CWF Assistance Request transactions for changes to existing CWF MSP auxiliary occurrences, use the CWF Assistance Request Detail transaction (see page 11).

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered and saved on the first page of the MSP Inquiry (Action Requested). The information is displayed on the right side bar, and carried forward on the MSP Inquiry transaction.

Common MSP Sources

Common sources that provide contractors with MSP information, followed by the associated Source Code, are:

- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

Action Requested Page

From the Main Menu page, click [MSP Inquiry] under Create Requests or Inquiries. The system displays the Action Requested page, the first page of the MSP Inquiry, as shown in the example below. The information entered on this page determines required information on subsequent pages.

Navigation Links

The following links display on each page of the MSP Inquiry Transaction:

<i>MSP Inquiry</i>	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Left Side Bar Navigation	
ACTION REQUESTED	Click [Action Requested] to return to Action Requested page.
MSP INFORMATION	Click [MSP Information] to go to MSP Information page.
INFORMANT INFORMATION	Click [Informant Information] to go to Informant Information page.
INSURANCE INFORMATION	Click [Insurance Information] to go to Insurance Information page.

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MSP Inquiry	
Location	Description
EMPLOYMENT INFORMATION	Click [Employment Information] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to Additional Information page.
PRESCRIPTION COVERAGE	Click [Prescription Coverage] to go to Prescription Coverage page.
SUMMARY	Click [Summary] to go to Summary page.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
Beneficiary	Description
Note: Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>

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MSP Inquiry	
Location	Description
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of Birth of the beneficiary. <i>(protected field)</i>
DCN	Description
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i> CM Completed DE Delete (do not process) ECRS CWF Assistance Request IP In process, being edited by COB NW New, not yet read by COB Note: STATUS will always be NW until the transaction is processed.
REASON	Two-character code explaining why the MSP Inquiry is in a particular status. <i>(See Appendix D for the complete list of codes.) (protected field)</i> Note: REASON will always be 01 until the transaction is processed.

1. Enter data in all required fields on the Action Requested page then click [**Continue**]. The required fields on this web page are noted with a red asterisk “*” and are as follows:

- DCN
- HICN
- ACTIVITY CODE
- ACTION CODE
- SOURCE

Note: If Beneficiary Information is not found for the HICN you have entered you will receive a warning message, but will still be able to continue with the MSP Inquiry.

2. After all relevant fields have been entered, click [**Continue**] to go to the MSP Information page, or select a page link from the left side bar.
3. To exit the MSP Inquiry Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

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MSP Inquiry, Action Requested Page Description

MSP Inquiry, Action Requested Page	
Field Name	Description
DCN	<p>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)</p> <p>The system auto-generates the DCN, but it can be changed.</p>
HICN	<p>Health Insurance Claim Number of the beneficiary (<i>required field</i>). Enter the HICN without dashes, spaces, or other special characters.</p> <p>Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces it with the most current HICN.</p>
ACTIVITY CODE	<p>Activity of contractor (<i>required field</i>). Valid values are:</p> <ul style="list-style-type: none"> C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquires N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	<p>Action code indicating type of special processing to perform on MSP Inquiry record.</p> <p>Note: You can use CA and CL together. You cannot combine any other action codes.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> CA Class Action Suit Note: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter. CL Closed or Settled Case Note: This action code is only valid for closed and settled cases. This action code suppresses lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter. DE Develop to the Employer Note: This action code sends a development letter to the employer. DI Develop to the Insurer Note: This action code sends a development letter to the insurer.

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MSP Inquiry, Action Requested Page	
Field Name	Description
SOURCE	<p>Four-character code identifying source of the MSP Inquiry information (<i>required field</i>). Valid values are:</p> <p>CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey</p>
Page Navigation	Description
CONTINUE	<p>Required fields must be typed/selected before clicking [Continue].</p> <p>Click [Continue] to go to the MSP Information page.</p>
CANCEL	<p>Click [Cancel] to return to the Main Menu.</p>

MSP Information Page

Enter information associated with the MSP coverage on this page.

The screenshot displays the 'MSP Inquiry' page within the 'Electronic Correspondence Referral System (ECRS)'. The page header includes the CMS logo and navigation links (Home, CMS, Help, Contact, About, Sign out). A left sidebar lists 'Action Requested' options: MSP Information (selected), Informant Information, Insurance Information, Employment Information, Additional Information, Prescription Coverage, and Summary. The main content area is titled 'MSP Information' and contains the following fields:

- MSP Type: Select
- Patient Relationship: Select
- Effective Date: [Text Input]
- Termination Date: [Text Input]
- CMS Grouping Code: Select
- Dialysis Train Date: [Text Input]
- Black Lung Benefits: Yes No
- Black Lung Effective Date: [Text Input]
- Send to CWF: Yes No

At the bottom of the form are 'Continue' and 'Cancel' buttons. A right sidebar provides details for the 'Contractor' (ID: 00131, Name: Company ABC), 'User' (ID: ECR1234, Name: Dorothy Smith, Phone: (999)999-9999), and 'Beneficiary' (HICN: 999999999T, SSN: ***-**-6789, Name: William M. Smith, Address: 123 Main Street Apt. B, City, State: Baltimore, MD, Zip: 21222-1234, Phone: (999)999-9999, Sex: Male, DOB: 01/01/1930). Below this is the 'DCN' section (ID: 222222222, Originating Date: 01/01/2010, Status: New, Reason: 01).

After all relevant fields have been entered, click [**Continue**] to go to the Informant Information page, or select a page link from the left side bar.

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MSP Inquiry, MSP Information Page Description

<i>MSP Inquiry, MSP Information Page</i>	
Field Name	Description
MSP TYPE	<p>One-character code identifying type of MSP coverage. Valid values are:</p> <p>A Working Aged B ESRD D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled L Liability</p> <p><i>Required field:</i></p> <ul style="list-style-type: none"> • For all MSP Inquiry transactions, unless Record Type is Supplemental. (Do not select an MSP TYPE when PRESCRIPTION COVERAGE RECORD TYPE will be Supplemental.) • When Source Code is Phone. • When Action Code is CA or CL. (MSP Type must be D, E, or L when Action Code is CL.)

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MSP Inquiry, MSP Information Page									
Field Name	Description								
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • ACTION CODE is Blank and MSP TYPE is F • ACTION CODE is CA and MSP TYPE is L • ACTION CODE is CL and MSP TYPE is D, E, or L <p>Valid values are:</p> <p>01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004)</p> <p>Note: For the following MSP Types, the patient relationship codes listed are the only values that can be used.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>MSP Type</u></th> <th style="text-align: left;"><u>Patient Relationship Code</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	<u>MSP Type</u>	<u>Patient Relationship Code</u>	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
<u>MSP Type</u>	<u>Patient Relationship Code</u>								
A	01, 02								
B	01, 02, 03, 04, 05, 18, 20								
G	01, 02, 03, 04, 05, 18, 20								
EFFECTIVE DATE	<p>Effective date of MSP coverage.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • ACTION CODE is CA and MSP TYPE is L • ACTION CODE is CL and MSP TYPE is D, E, or L <p>Note: EFFECTIVE DATE cannot be the same as TERMINATION DATE.</p>								

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MSP Inquiry, MSP Information Page																													
Field Name	Description																												
TERMINATION DATE	<p>Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage.</p> <p><i>Required field</i> when ACTION CODE is CL and MSP TYPE is D, E, or L.</p> <p>Note: TERMINATION DATE cannot be the same as EFFECTIVE DATE.</p>																												
CMS GROUPING CODE	<p>CMS Grouping Code.</p> <p><i>Required field</i> when ACTION CODE is CA and MSP TYPE is L.</p> <p>Valid values are:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">01</td><td>Gel Implants (TrailBlazers, 00400)</td></tr> <tr><td>02</td><td>Gel Implants (Alabama, 00010)</td></tr> <tr><td>03</td><td>Bone Screw Recoveries (United Government Services, 00454)</td></tr> <tr><td>04</td><td>Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)</td></tr> <tr><td>05</td><td>Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)</td></tr> <tr><td>06</td><td>Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)</td></tr> <tr><td>07</td><td>Baycol Litigation</td></tr> <tr><td>08</td><td>Dexatrim (90000)</td></tr> <tr><td>09</td><td>Rhode Island Receivership Recoveries (00180)</td></tr> <tr><td>10</td><td>Propulsid (00010)</td></tr> <tr><td>11</td><td>Asbestos Exposure</td></tr> <tr><td>12</td><td>Garretson Asbestos Cases</td></tr> <tr><td>13</td><td>Fleet Phosphate</td></tr> <tr><td>14</td><td>Accutane</td></tr> </table>	01	Gel Implants (TrailBlazers, 00400)	02	Gel Implants (Alabama, 00010)	03	Bone Screw Recoveries (United Government Services, 00454)	04	Diet Drug Recoveries (Cahaba BCBS Alabama, 00010)	05	Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340)	06	Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340)	07	Baycol Litigation	08	Dexatrim (90000)	09	Rhode Island Receivership Recoveries (00180)	10	Propulsid (00010)	11	Asbestos Exposure	12	Garretson Asbestos Cases	13	Fleet Phosphate	14	Accutane
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11	Asbestos Exposure																												
12	Garretson Asbestos Cases																												
13	Fleet Phosphate																												
14	Accutane																												
DIALYSIS TRAIN DATE	Date beneficiary received self-dialysis training.																												
BLACK LUNG BENEFITS	Yes or No field indicating whether beneficiary receives benefits under the Black Lung Program.																												
BLACK LUNG EFFECTIVE DATE	Date beneficiary began receiving benefits under the Black Lung Program. This field is only enabled when BLACK LUNG BENEFITS is Yes.																												
SEND TO CWF	<p>Indicates whether to send MSP inquiry to CWF. Select Yes or No.</p> <p>Note: SEND TO CWF defaults to No unless ACTION CODE is blank and MSP TYPE is blank or F.</p>																												
Page Navigation	Description																												
CONTINUE	Click [Continue] to go to the Informant Information page.																												
CANCEL	Click [Cancel] to return to the Main Menu.																												

Informant Information Page

On this page, enter information about the person who informed you of the change in MSP coverage.

The screenshot shows the 'MSP Inquiry' page in the ECRS system. The main content area is titled 'MSP Inquiry' and contains a form for 'Informant Information'. The form fields include: First Name, Middle Initial, Last Name, Address, City, State, Zip (with a dropdown for State and separate boxes for Zip), Phone (with a dropdown for area code and separate boxes for number), and Relationship (with a dropdown menu). Below the form are 'Continue' and 'Cancel' buttons. On the left side, there is a navigation menu with options: Action Requested, MSP Information, Informant Information (selected), Insurance Information, Employment Information, Additional Information, Prescription Coverage, and Summary. On the right side, there is a sidebar with sections: Change Contractor (with a link), Quick Help (with a link), Contractor (ID: 00131, Name: Company ABC), User (ID: ECR1234, Name: Dorothy Smith, Phone: (999)999-9999), Beneficiary (HICN: 999999999T, SSN: ***-**-6789, Name: William M. Smith, Address: 123 Main Street Apt. B, City, State: Baltimore, MD, Zip: 21222-1234, Phone: (999)999-9999, Sex: Male, DOB: 01/01/1930), and DCN (ID: 222222222, Originating Date: 01/01/2010, Status: New, Reason: 01).

After all relevant fields have been entered, click [**Continue**] to go to the Insurance Information page, or select a page link from the left side bar.

MSP Inquiry, Informant Information Page Description

<i>MSP Inquiry, Informant Information Page</i>	
Field Name	Description
FIRST NAME	First name of person informing contractor of change in MSP coverage. <i>Required field</i> when: <ul style="list-style-type: none"> SOURCE is CHEK, LTTR or PHON. ACTION CODE is CA or CL, unless Insurance Company Address will be entered.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.

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MSP Inquiry, Informant Information Page	
Field Name	Description
LAST NAME	<p>Last name of person informing contractor of change in MSP coverage. <i>Required field</i> when</p> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION CODE is CA or CL, unless Insurance Company Address will be entered.
ADDRESS	<p>Informant's street address. <i>Required field</i> when:</p> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION CODE is CA or CL, unless Insurance Company Address will be entered.
CITY	<p>Informant's city. <i>Required field</i> when: SOURCE is CHEK, LTTR or PHON. ACTION CODE is CA or CL, unless Insurance Company City will be entered.</p>
STATE	<p>Informant's state. <i>Required field</i> when: SOURCE is CHEK, LTTR or PHON. ACTION CODE is CA or CL, unless Insurance Company State will be entered.</p>
ZIP	<p>Informant's ZIP code. <i>Required field</i> when:</p> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION CODE is CA or CL, unless Insurance Company Zip will be entered.
PHONE	<p>Informant's telephone number.</p>

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MSP Inquiry, Informant Information Page	
Field Name	Description
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. Valid values are:</p> <ul style="list-style-type: none"> A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown <p>Notes:</p> <ul style="list-style-type: none"> • <i>Required field</i> when SOURCE is CHEK , LTTR or PHON. • Must be A if ACTION CODE is CA or CL and informant information is entered.
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Insurance Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Insurance Information Page

Enter information about the type of insurance associated with the MSP coverage on this page.

The screenshot displays the 'MSP Inquiry' page in the ECRS system. The main content area is titled 'Insurance Information' and contains the following fields:

- Insurance Company Name:
- Address Line 1:
- Address Line 2:
- City, State, Zip: , -
- Phone: () -
- Insurance Type:
- Policy Number:
- Group Number:
- Subscriber First Name:
- Subscriber Middle Initial:
- Subscriber Last Name:
- Subscriber SSN:

At the bottom of the form are 'Continue' and 'Cancel' buttons.

The left sidebar contains the following navigation links:

- Action Requested
- MSP Information
- Informant Information
- Insurance Information**
- Employment Information
- Additional Information
- Prescription Coverage
- Summary

The right sidebar contains the following information:

- Change Contractor**
 - [Change Contractor](#)
- Quick Help**
 - [Help About This Page](#)
- Contractor**
 - ID: 00131
 - Name: Company ABC
- User**
 - ID: ECR1234
 - Name: Dorothy Smith
 - Phone: (999)999-9999
- Beneficiary**
 - HICN: 999999999T
 - SSN: ***-**-6789
 - Name: William M. Smith
 - Address: 123 Main Street Apt. B
 - City, State: Baltimore, MD
 - Zip: 21222-1234
 - Phone: (999)999-9999
 - Sex: Male
 - DOB: 01/01/1930
- DCN**
 - ID: 2222222222
 - Originating Date: 01/01/2010
 - Status: New
 - Reason: 01

After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

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MSP Inquiry, Insurance Information Page Description

<i>MSP Inquiry, Insurance Information Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage. <i>Required field unless ACTION CODE is blank or DE.</i></p> <p>Note: If INSURANCE COMPANY NAME contains <u>any</u> of the values it is an error:</p> <p>NO NONE N/A HCFA ATTORNEY UNK MISC CMS NA UNKNOWN</p> <p>If INSURANCE COMPANY NAME contains <u>only one</u> of the following values it is an error:</p> <p>BC BS BX BCBX Medicare BLUE CROSS COB COBC COORDINATION OF BENEFITS CONTRACTOR</p>
ADDRESS LINE 1	<p>First Line of insurance carrier's street address.</p> <p><i>Required field when:</i></p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant Name and Address were entered.
ADDRESS LINE 2	<p>Second Line of insurance carrier's street address.</p>

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MSP Inquiry, Insurance Information Page	
Field Name	Description
CITY	<p>City associated with insurance carrier's street address.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant City was entered.
STATE	<p>State associated with insurance carrier's street address.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant State was entered.
ZIP	<p>Zip code associated with insurance carrier's street address.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant Zip was entered.
PHONE	Phone Number of insurance carrier.

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MSP Inquiry, Insurance Information Page	
Field Name	Description
INSURANCE TYPE	<p>One-character code for type of insurance. (<i>Required field</i>)</p> <p>Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES)</p> <p>B Group Health Organization (GHO)</p> <p>C Preferred Provider Organization (PPO)</p> <p>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</p> <p>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</p> <p>F Self-Insured/Self-Administered (SELF-INSURED)</p> <p>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)</p> <p>H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</p> <p>I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</p> <p>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</p> <p>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</p> <p>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</p> <p>R GHP Health Reimbursement Arrangement</p> <p>S GHP Health Savings Account</p> <p>Blank Unknown (UNKNOWN); defaults to A.</p>
POLICY NUMBER	<p>Policy number of insurance coverage.</p> <p>If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER.</p>
GROUP NUMBER	<p>Group number of insurance coverage.</p> <p>If you enter a GROUP NUMBER, you do not have to enter a POLICY NUMBER.</p>
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of individual covered by this insurance.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Employment Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Employment Information Page

Enter employment information associated with the MSP coverage on this page.

The screenshot shows the 'MSP Inquiry' page in the ECRS system. The main content area is titled 'Employment Information' and contains the following fields:

- Employer Name:
- Address:
- City, State, Zip: , (with a 'Select' dropdown) -
- Phone: () -
- EIN:
- Employee #:

At the bottom of the form are 'Continue' and 'Cancel' buttons. The left sidebar contains a menu with 'Employment Information' selected. The right sidebar displays details for the Contractor (Company ABC) and the Beneficiary (Dorothy Smith).

After all relevant fields have been entered, click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

MSP Inquiry, Employment Information Page Description

<i>MSP Inquiry, Employment Information Page</i>	
Field Name	Description
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes

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MSP Inquiry, Employment Information Page	
Field Name	Description
CITY	City associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
STATE	State associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
ZIP	Zip Code associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Additional Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Additional Information Page

Enter check and beneficiary information on this page. This information is used in conjunction with the action and source codes selected on the MSP Inquiry, Action Requested page.

After all relevant fields have been entered, click [**Continue**] to go to the Prescription Coverage page, or select a page link from the left side bar.

MSP Inquiry, Additional Information Page Description

MSP Inquiry, Additional Information Page	
Field Name	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. Note: You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes. Note: Enter at least one DIAGNOSIS CODE when ACTION CODE is CA or CL.
ILLNESS/INJURY DATE	Date the illness or injury occurred.
Beneficiary Representative Information	

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<i>MSP Inquiry, Additional Information Page</i>	
Field Name	Description
TYPE	One-character code indicating type of relationship between beneficiary and his/her representative. Valid values are: A Attorney R Bene Rep (individual not acting as attorney)
NAME	Name of individual representing a beneficiary's medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative's street.
CITY	Beneficiary representative's city.
STATE	Beneficiary representative's state.
ZIP	Beneficiary representative's zip code.
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Prescription Coverage page.
CANCEL	Click [Cancel] to return to the Main Menu.

Prescription Coverage Information Page

On this page, enter Prescription Coverage information associated with the MSP Inquiry Part D coverage.

The screenshot displays the 'MSP Inquiry Prescription Coverage' page within the Electronic Correspondence Referral System (ECRS). The page features a CMS logo and navigation links at the top. A left-hand sidebar contains a menu with options: Action Requested, MSP Information, Informant Information, Insurance Information, Employment Information, Additional Information, Prescription Coverage (highlighted), and Summary. The main content area is a form with the following fields:

- Insurance Company Name:
- Address Line 1:
- Address Line 2:
- City:
- State, Zip: Please Select -
- Phone: () -
- Policy Number:
- Effective Date:
- Termination Date:
- Record Type: Please Select
- Coverage Type: Please Select
- BIN:
- PCN:
- Group:
- ID:
- Supplemental Type: Please Select
- Person Code: Please Select

At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with a link to 'Help About This Page'. Below that is a 'Change Contractor' section with a link to 'Change Contractor'. The 'Contractor' section displays: ID: 00020, Name: PINNACLE BUSINESS SOLUTIONS, INC. The 'User' section displays: ID: TEST ECRS USER, Name: TEST ECRS USER, Phone: 123-456-7890. The 'Beneficiary' section displays: HICN: 017349490A, SSN: ***-**-0000, Name: , Address: , City, State: , Zip: , Sex: , DOB: , DCN: 1303137685957, ID: 1303137685957, Origin Date: 04/18/2011, Status: NW - New, not yet read by COB, Reason: 01 - Not yet read by COB, used with NW status.

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

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MSP Inquiry, Prescription Coverage Information Page Description

MSP Inquiry, Prescription Coverage Page	
Field Name	Description
<i>INSURANCE COMPANY NAME</i>	<i>Name of insurance carrier for MSP coverage.</i>
<i>ADDRESS LINE 1</i>	<i>First Line of insurance carrier's street address.</i> <ul style="list-style-type: none"> • <i>Name and Address were entered.</i>
<i>ADDRESS LINE 2</i>	<i>Second Line of insurance carrier's street address.</i>
<i>CITY</i>	<i>City associated with insurance carrier's street address.</i>
<i>STATE</i>	<i>State associated with insurance carrier's street address.</i>
<i>ZIP</i>	<i>Zip code associated with insurance carrier's street address.</i>
<i>PHONE</i>	<i>Phone Number of insurance carrier.</i>
<i>POLICY NUMBER</i>	<i>Policy number of insurance coverage.</i>
<i>EFFECTIVE DATE</i>	<i>Effective date of MSP coverage.</i> Note: <i>EFFECTIVE DATE cannot be the same as TERMINATION DATE.</i>
<i>TERMINATION DATE</i>	<i>Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage.</i> Note: <i>TERMINATION DATE cannot be the same as EFFECTIVE DATE.</i>
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI Primary SUP Supplemental Note: RECORD TYPE must be SUP when SUPPLEMENTAL TYPE is L.
COVERAGE TYPE	Prescription Coverage type of insurance. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
BIN	Prescription Drug BIN number. Must be six numeric characters. <i>Required field</i> when COVERAGE TYPE is U.
	Prescription Drug PCN number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.
GROUP	Prescription Drug group number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.
ID	Prescription Drug ID number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.

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MSP Inquiry, Prescription Coverage Page	
Field Name	Description
SUPPLEMENTAL TYPE	<p>Prescription Drug policy type. Valid values are:</p> <ul style="list-style-type: none"> L Supplemental M Medigap N Non-qualified State Program O Other P PAP Q Qualified State Program R Charity S ADAP T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical <p>Note: Must be L when RECORD TYPE is Supplemental</p>
PERSON CODE	<p>Person Code. Plan specific (relationship assigned plan administrator at the plan level. <i>Required field</i> when RECORD TYPE is Supplemental. Valid values are:</p> <ul style="list-style-type: none"> 001 Self 002 Spouse 003 Other
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Summary page.
CANCEL	Click [Cancel] to return to the Main Menu.

Summary Page

The Summary page displays a summary of all information entered for the MSP inquiry before submission.

After typing/selecting data in all relevant fields on the previous MSP Inquiry pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the MSP inquiry is submitted and you can print the confirmation page.

The screenshot shows the ECRS Summary Page. At the top, there is a CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below this is a navigation bar with 'Home', 'CMS', 'Help', 'Contact', 'About', and 'Sign out'. The main content area is titled 'MSP Inquiry' and contains a sidebar with navigation links: 'Action Requested', 'MSP Information', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Prescription Coverage', and 'Summary' (which is highlighted). The main content area is divided into two sections: 'MSP Inquiry Summary' and 'MSP Information'. The 'MSP Inquiry Summary' section includes 'Action Requested' with details like DCN: 888555777444222, HICN: 987654321012, Activity Code: I-General Inquiries, Action Codes: DI-Develop To the Insurer, and Source: SCLM-Claim submitted to Medicare Contractor for alternate payment. The 'MSP Information' section includes details like MSP Type: A-Working Aged, Effective Date: 01/01/2008, Patient Relationship: 02-Spouse, Termination Date: 04/30/2010, CMS Grouping Code: Gel Implants (Trailblazers, 00400), Dialysis Train Date: 02/01/2010, Black Lung Benefits: Yes, Black Lung Effective Date: 01/01/2008, and Send to CWF: Yes. On the right side, there are sections for 'Change Contractor', 'Quick Help', 'Contractor' (ID: 00131, Name: Company ABC), 'User' (ID: ECR1234, Name: Dorothy Smith, Phone: (999)999-9999), and 'Beneficiary' (HICN: 999999999T, SSN: ***-**-6789, Name: William M. Smith, Address: 123 Main Street Apt. B, City, State: Baltimore, MD, Zip: 21222-1234, Phone: (999)999-9999, Sex: Male).

MSP Inquiry, Summary Page Description

<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
ACTION REQUESTED	50
MSP INFORMATION	53
INFORMANT INFORMATION	56
INSURANCE INFORMATION	60
EMPLOYMENT INFORMATION	63
CHECK INFORMATION	65
BENEFICIARY REPRESENTATIVE INFORMATION	65

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<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
DIAGNOSIS CODES	65
PRESCRIPTION COVERAGE INFORMATION	68
Page Navigation	Description
SUBMIT	Click [Submit] to go to Submit Confirmation page.
CANCEL	Click [Cancel] to return to the Main Menu.

Viewing, Updating, and Deleting MSP Inquiry Transactions

Follow the steps below to search for and display a list of MSP Inquiry transactions.

Note: You can only update or delete MSP Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**MSP Inquiries**] under Search for Requests or Inquiries. The MSP Inquiry Search page displays, as shown in the example below.

The screenshot shows the 'MSP Inquiry' search page. The search form includes the following fields: Contractor # (12345), HICN, SSN, Status (Select), Origin Date From (01/01/2010), Origin Date To (04/12/2010), DCN, Reason (Select), and User ID. Below the form are 'Search' and 'Reset' buttons. The results table is as follows:

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	888888888888	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR1234
X	987654321012	00131	888555777444222	New		01/01/2010	01/01/2010	ECR1234

The sidebar on the right contains the following information:

- Change Contractor** (with a link)
- Quick Help** (with a link)
- Contractor**
 - ID: 12345
 - Name: Company ABC
- User**
 - ID: 12345678
 - Name: Dorothy Smith
 - Phone: (999)999-9999

MSP Inquiry, Search Page Description

MSP Inquiry, Search Page Criteria		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. (<i>protected field</i>)

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MSP Inquiry, Search Page Criteria	
Field Name	Description
	<p>Region Office or CMS user</p> <p>Pre-filled with the CMS ID/RO Number entered during Contractor Sign In.</p> <p>This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.</p>
HICN	<p>Enter a Health Insurance Claim Number to search by.</p> <p>Note: If searching by HICN, do not enter an SSN or DCN.</p>
SSN	<p>Enter a Social Security Number to search by.</p> <p>Note: If searching by SSN, do not enter a HICN or DCN.</p>
STATUS	<p>Enter a Status code to search by.</p> <p>To view all in-process MSP Inquiry transactions, select IP in the STATUS field.</p>
REASON	<p>Select a Reason code to search by. <i>(See Appendix D for the complete list of codes.)</i></p>
USER ID	<p>Enter a User ID to search by.</p>
ORIGIN DATE FROM	<p>Enter a starting date to search by of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.</p>
ORIGIN DATE TO	<p>Enter an ending date to search by.</p> <p>Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.</p>
DCN	<p>Enter a Document Control Number to search by.</p> <p>Note: If searching by DCN, do not enter a HICN or SSN.</p>
MSP Inquiry, Search Page Listing	
Field Name	Field Name
HICN	Health Insurance Claim Number for MSP Inquiry transaction. <i>(protected field)</i>
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to MSP Inquiry transaction by Medicare contractor. <i>(protected field)</i>
STATUS	Status of MSP Inquiry transaction. <i>(protected field)</i>
REASON	Reason for the MSP Inquiry transaction. <i>(protected field)</i>

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MSP Inquiry, Search Page Criteria	
Field Name	Description
ORIGIN DATE	Originating date in MM-DD-CCYY format. <i>(protected field)</i>
LAST UPDATE	Date MSP Inquiry transaction was last changed in MMDDCCYY format. <i>(protected field)</i>
USER ID	User ID of operator who entered MSP Inquiry transaction. <i>(protected field)</i>
Navigation	Description
SUBMIT	Click [Submit] to display search results.
RESET	Click [Reset] to clear search results.
CANCEL	Click [Cancel] to return to the Main Menu.
Delete	Click [X] to mark a transaction for deletion.
Transaction Summary	Click [HICN] link to view the Summary page.

View Transactions

1. Type search criteria in the appropriate fields and click [**Submit**].

Notes:

- To create a list of all MSP Inquiries for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of MSP Inquiries, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	888888888888	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
X	2345523455	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
4. Change or delete search criteria to initiate a new search.

Update Transactions

To update information on a MSP Inquiry transaction, click the [HICN] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

The screenshot displays the 'MSP Inquiry Summary' page within the 'Electronic Correspondence Referral System (ECRS)'. The page header includes the CMS logo and navigation links. The main content area is divided into several sections:

- Action Requested:**
 - DCN: 2222222222 HICN: 888888888888
 - Activity Code: I-General Inquiries
 - Action Codes: DI-Develop To the Insurer
 - Source: SCLM-Claim submitted to Medicare Contractor for alternate payment
- MSP Information:**
 - MSP Type: A-Working Aged Effective Date: 01/01/2008
 - Patient Relationship: 02-Spouse Termination Date: 04/30/2010
 - CMS Grouping Code: Gel Implants (Trailblazers, 00400)
 - Dialysis Train Date: 02/01/2010
 - Black Lung Benefits: Yes Black Lung Effective Date: 01/01/2008
 - Send to CWF: Yes
- Right Sidebar:**
 - Change Contractor:** [Change Contractor](#)
 - Quick Help:** [Help About This Page](#)
 - Contractor:** ID: 00131 Name: Company ABC
 - User:** ID: ECR1234 Name: Dorothy Smith Phone: (999)999-9999
 - Beneficiary:** HICN: 888888888888 SSN: ***-**-6789 Name: Kathy Russell Address: 123 Main Street Apt. B City, State: Baltimore, MD Zip: 21222-1234

MSP Inquiry, Summary Page Description

<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
ACTION REQUESTED	50
MSP INFORMATION	53
INFORMANT INFORMATION	56
INSURANCE INFORMATION	60
EMPLOYMENT INFORMATION	63
CHECK INFORMATION	65
BENEFICIARY REPRESENTATIVE INFORMATION	65
DIAGNOSIS CODES	65
PRESCRIPTION COVERAGE INFORMATION	68

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<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
DEVELOPED TO	Displays for records that are not in NW status. See below for more information.
Field Name	Description
INITIAL	Development Source, indicating where initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
SUBSEQUENT	Development Source, indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
Page Navigation	Description
RETURN	Click [Return] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [Submit] to save updates. Displays for records in NW status.
CANCEL	Click [Cancel] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or click [**Cancel**] to return to the MSP Inquiry Search Page Listing.

Delete Transactions

To mark a MSP Inquiry transaction for deletion, click the [**X**] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

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To exit the MSP Inquiry Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

Chapter 4: Prescription Coverage Inquiry Transactions

This chapter provides you with step-by-step instructions to perform a prescription coverage inquiry. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the prescription coverage inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Adding Prescription Coverage Inquiry Transactions	79
Viewing a List of Prescription Coverage Inquiry Transactions	92
Viewing, Updating, and Deleting Prescription Coverage Inquiry Transactions	92

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Create Requests or Inquiries	
PRESCRIPTION DRUG INQUIRY	
Initial Information	83
Additional Information	85
Prescription Coverage	89
Summary	91
Search for Requests or Inquiries	
Prescription Coverage Inquiries	92

Adding a Prescription Coverage Inquiry Transaction

There are two ways to enter a Prescription Coverage Inquiry:

From an MSP Inquiry

This option allows you to see Prescription Coverage information associated with an MSP Inquiry.

- a) From the Main Menu, click [**MSP Inquiry**] under the heading Create Requests or Inquiries, The system displays the first page of the MSP Inquiry.
- b) Follow instructions for Adding an MSP Inquiry and enter Prescription Coverage information on the Prescription Coverage page (see page 46.)

From the Main Menu

This option allows you to enter a Prescription Coverage inquiry independent of an MSP inquiry. Take the steps on the next page to enter a Prescription Coverage inquiry from the Main Menu.

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered on the first page of the Prescription Coverage Inquiry (Initial Information) and you click [**Continue**]. The information is displayed on the right side bar, and is carried forward on the Prescription Coverage Inquiry transaction.

Common Prescription Coverage Sources

Common sources that provide contractors with Prescription Coverage information, followed by the associated Source Code, are:

- Survey (SRVY)
- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

Initial Information Page

From the Main Menu, click [**Prescription Coverage Inquiry**] under Create Requests or Inquiries. The system displays the Initial Information page, the first page of the Prescription Coverage Inquiry, as shown in the example below. This is the first page you see when adding a new Prescription Coverage Inquiry. The information entered on this page determines required information on subsequent pages.

Navigation Links

The following links display on each page of the Prescription Coverage Inquiry Transaction:

<i>Prescription Coverage Inquiry</i>	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Left Side Bar Navigation	
INITIAL INFORMATION	Click [Initial Information] to go to the Initial Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to the Additional Information page.
PRESCRIPTION COVERAGE	Click [Prescription Coverage] to go to the Prescription Coverage page.
SUMMARY	Click [Summary] to go to the Summary page.

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Prescription Coverage Inquiry	
Location	Description
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
Beneficiary	Description
Note: Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of Birth of the beneficiary. <i>(protected field)</i>
DCN	Description
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>

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Prescription Coverage Inquiry	
Location	Description
STATUS	<p>Two-character code explaining where CWF Assistance Request transaction is in the COB system process (<i>protected field</i>)</p> <p>CM Completed DE Delete (do not process) ECRS CWF Assistance Request IP In process, being edited by COB NW New, not yet read by COB</p> <p>Note: STATUS will always be NW until the transaction is processed.</p>
REASON	<p>Two-character code explaining why the Prescription Coverage Inquiry is in a particular status. (<i>See Appendix D for the complete list of codes.</i>) (<i>protected field</i>)</p> <p>Note: REASON will always be 01 until the transaction is processed.</p>

1. Enter data in all fields and click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

Note: If Beneficiary Information is not found for the HICN you have entered, you will receive a warning message but will still be able to continue with the Prescription Coverage Inquiry.

2. To exit the Prescription Coverage Inquiry Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

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Prescription Coverage Inquiry, Initial Information Page Description

<i>Prescription Coverage Inquiry, Initial Information Page</i>	
Field Name	Description
DCN	<p>Document Control Number assigned by contractor to correspondence and/or paperwork associated with the transaction <i>Required field.</i></p> <p>The system auto-generates the DCN, but it can be changed.</p>
HICN	<p>Health Insurance Claim Number of the beneficiary. Enter without dashes, spaces, or other special characters. <i>Required field.</i></p> <p>Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered, the system replaces it with the most current HICN.</p>
ACTIVITY CODE	<p>Activity of contractor. <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquires N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
SOURCE	<p>Four-character code identifying source of the MSP Inquiry information. <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
MSP TYPE	<p>One-character code identifying type of MSP coverage. <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability

ECRS WEB USER GUIDE

<i>Prescription Coverage Inquiry, Initial Information Page</i>	
Field Name	Description
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary. Valid values are:</p> <p>01 POLICY HOLDER 02 SPOUSE 03 CHILD 04 OTHER</p>
SUBMITTER TYPE	<p>Select Part C or Part D.</p> <p>Note: This option is only available to users who can enter Part C and/or Part D data.</p>
SEND TO MDB	<p>Indicates whether to send MSP inquiry to MBD. <i>Required field.</i></p> <p>Valid values are:</p> <p style="padding-left: 40px;">YES Send to MBD (default) NO Do not send to MBD</p>
Page Navigation	Description
CONTINUE	<p>Required fields must be entered before clicking [Continue].</p> <p>Click [Continue] to go to the Additional Information page.</p>
CANCEL	<p>Click [Cancel] to return to the Main Menu.</p>

Additional Information Page

On this page, enter additional information needed for the prescription coverage inquiry.

The screenshot displays the 'Electronic Correspondence Referral System (ECRS)' interface. The top navigation bar includes 'Home' and 'CMS' on the left, and 'Skip Navigation', 'About', and 'Sign out' on the right. The main title is 'Prescription Coverage Inquiry Additional Information'. The left sidebar contains a menu with 'Initial Information', 'Additional Information' (selected), 'Prescription Coverage', and 'Summary'. The main content area is divided into three sections: 'Check Information', 'Informant Information', and 'Employment Information'. The 'Check Information' section includes fields for 'Check Number', 'Check Date', and 'Check Amount'. The 'Informant Information' section includes fields for 'First Name', 'Middle Initial', 'Last Name', 'Address', 'City', 'State, Zip', 'Phone', and 'Relationship'. The 'Employment Information' section includes fields for 'Employer Name', 'Address', 'City', 'State, Zip', 'Phone', 'EIN', and 'Employee #'. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' sidebar with links for 'Help About This Page', 'Change Contractor', and 'Contractor' information. The 'Contractor' information includes 'ID: R5553' and 'Name: ECRS PART D PARTNER'. The 'User' information includes 'ID: ECRSDEV', 'Name: TEST ECRS USER', and 'Phone: 123-456-7890'. The 'Beneficiary' information includes 'HICN: 017349490A', 'SSN: ###-##-0000', 'Name', and 'Address'. The 'DCN' information includes 'ID: 1303146236028', 'Origin Date: 04/18/2011', 'Status: NW - New, not yet read by COB', and 'Reason: 01 - Not yet read by COB, used with NW status'.

After all relevant fields have been entered, click [**Continue**] to go to the Prescription Coverage page, or select a page link from the left side bar.

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Prescription Coverage Inquiry, Additional Information Page Description

Prescription Coverage Inquiry, Additional Information Page	
Field Name	Description
Check Information	
CHECK NUMBER	Number of check received. <i>Required field</i> when SOURCE is CHEK.
CHECK DATE	Date of check received. You cannot future-date this field. <i>Required field</i> when SOURCE is CHEK.
CHECK AMOUNT	Amount of check received. <i>Required field</i> when SOURCE is CHEK.
Informant Information	
FIRST NAME	First name of person informing contractor of change in MSP coverage. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
PHONE	Informant's telephone number

ECRS WEB USER GUIDE

<i>Prescription Coverage Inquiry, Additional Information Page</i>	
Field Name	Description
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. <i>Required field</i> when SOURCE is CHEK , LTTR or PHON.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown
Employment Information	
EMPLOYER NAME	Name of employer providing group health insurance the beneficiary is covered under.
ADDRESS	Employer's street address.
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Prescription Coverage page.
CANCEL	Click [Cancel] to return to the Main Menu.

Prescription Coverage Information Page

Enter Prescription Coverage information associated with the Part D coverage on this page.

The screenshot shows the 'Prescription Coverage Inquiry Prescription Coverage' page in the ECRS system. The main form area contains the following fields:

- Insurance Company Name:** Text input field.
- Address Line 1:** Text input field.
- Address Line 2:** Text input field.
- City:** Text input field.
- State, Zip:** A dropdown menu for 'Please Select' followed by two text input fields for zip code.
- Phone:** A text input field with a format of () - .
- * Effective Date:** Text input field with a calendar icon.
- Termination Date:** Text input field with a calendar icon.
- Record Type:** A dropdown menu for 'Please Select'.
- Coverage Type:** A dropdown menu for 'Please Select'.
- BIN:** Text input field.
- PCN:** Text input field.
- Policy Number:** Text input field.
- Group:** Text input field.
- ID:** Text input field.
- Supplemental Type:** A dropdown menu for 'Please Select'.
- Person Code:** A dropdown menu for 'Please Select'.

At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a sidebar with the following sections:

- Quick Help:** Includes a link for 'Help About This Page'.
- Change Contractor:** Includes a link for 'Change Contractor'.
- Contractor:**
 - ID: R5553
 - Name: ECRS PART D PARTNER
- User:**
 - ID: ECRSDEV
 - Name: TEST ECRS USER
 - Phone: 123-456-7890
- Beneficiary:**
 - HICN: 017349490A
 - SSN: ###-##-0000
 - Name:
 - Address:
- City, State:**
- Zip:**
- Sex:**
- DOB:**
- DCN:**
 - ID: 1303147715543
 - Origin Date: 04/18/2011
 - Status: NW - New, not yet read by COB
 - Reason: 01 - Not yet read by COB, used with NW status

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

ECRS WEB USER GUIDE

Prescription Coverage Inquiry, Prescription Coverage Information Page Description

<i>Prescription Coverage Inquiry, Prescription Coverage Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
EFFECTIVE DATE	Effective date of MSP coverage. <i>Required field.</i> Note: EFFECTIVE DATE cannot be the same as TERMINATION DATE.
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. Notes: TERMINATION DATE cannot be the same as EFFECTIVE DATE. An open-ended TERMINATION DATE is automatically populated when COVERAGE TYPE is U.
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI Primary SUP Supplemental Note: Record Type must be SUP when Supplemental Type is L.
COVERAGE TYPE	Prescription Coverage type of insurance. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)
BIN	Prescription Drug BIN number. Must be six numeric characters. <i>Required field</i> if COVERAGE TYPE is U.
PCN	Prescription Drug PCN number. Must not contain special characters. <i>Required field</i> if COVERAGE TYPE is U.
POLICY NUMBER	Policy number of insurance coverage.
GROUP	Prescription Drug group number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.

ECRS WEB USER GUIDE

Prescription Coverage Inquiry, Prescription Coverage Page	
Field Name	Description
ID	Prescription Drug ID number. Must not contain special characters. <i>Required field</i> if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Prescription Drug policy type. Valid values are: L Supplemental M Medigap N Non-qualified State Program O Other P PAP Q Qualified State Program R Charity S ADAP T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical
PERSON CODE	Plan-specific Person Code. <i>Required field</i> when RECORD TYPE is Supplemental or RECORD TYPE is blank and SUPPLEMENTAL TYPE is L. Values are: 001 Self 002 Spouse 003 Other
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Summary page.
CANCEL	Click [Cancel] to return to the Main Menu.

Summary Page

The Summary page displays a summary of all information entered for the prescription coverage inquiry before submission.

After typing/selecting data in all relevant fields on the previous Prescription Coverage Inquiry pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you can print the confirmation page.

Prescription Coverage Inquiry, Summary Page Description

<i>Prescription Coverage Inquiry, Summary Page</i>	
For information about this section...	See this page...
INITIAL INFORMATION	83
INFORMANT INFORMATION	85
EMPLOYMENT INFORMATION	85
CHECK INFORMATION	85
PRESCRIPTION COVERAGE INFORMATION	89
Page Navigation	Description
SUBMIT	Click [Submit] to go to the Submit Confirmation page.
CANCEL	Click [Cancel] to return to the Main Menu.

Viewing, Updating, and Deleting Prescription Coverage Inquiries

There are two ways to access Prescription Coverage Inquiries:

From an MSP Inquiry

This option allows you to see Prescription Coverage information associated with an MSP Inquiry.

1. From the Main Menu, click [**MSP Inquiries**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**].
2. Follow instructions for Viewing, Updating and Deleting MSP Inquiries on page 45.

From the Main Menu

This option allows you to see Prescription Coverage information independent of a MSP inquiry. Follow the steps on the next page to view, update, and delete prescription coverage inquiries from the Main Menu.

Tracking Prescription Coverage Inquiries

When Prescription Coverage information is entered in conjunction with an MSP inquiry, no additional tracking of status and reason is performed on the Prescription Coverage information. Status and reason codes are tracked on the MSP inquiry only.

When Prescription Coverage information is entered as a stand-alone inquiry, the following status/reason code combinations are used to track the inquiry:

- NW01 Not yet read by COB
- DE01 Deleted by Medicare Contractor
- CM15 Update Sent to MBD
- CM53 Duplicate ECRS Request
- CM60 Invalid HICN
- CM92 Change of Venue not allowed after 90 days

Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

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Follow the steps below to search for and display a list of Prescription Coverage Inquiry transactions.

Note: You can only update or delete Prescription Coverage Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**Prescription Coverage Inquiries**] under Search for Requests or Inquiries. The Prescription Coverage Inquiry Search page displays, as shown in the example below.

Prescription Coverage Inquiry, Search Page Description

<i>Prescription Coverage Inquiry, Search Page Criteria</i>		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. (<i>protected field</i>)
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.
HICN	Enter a Health Insurance Claim Number to search by. Note: If searching by HICN, do not enter an SSN or DCN.	
SSN	Enter a Social Security Number to search by. Note: If searching by SSN, do not enter a HICN or DCN.	

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Prescription Coverage Inquiry, Search Page Criteria	
Field Name	Description
STATUS	Enter a Status code to search by. To view all in-process Prescription Coverage Inquiry transactions, select IP in the STATUS field.
REASON	Select a Reason code to search by. <i>(See Appendix D for the complete list of codes.)</i>
USER ID	Enter a User ID to search by.
ORIGIN DATE FROM	Enter a starting date to search by of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date to search by. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search by. Note: If searching by DCN, do not enter a HICN or SSN.
Prescription Coverage Inquiry, Search Page Listing	
Field Name	Field Name
HICN	Health Insurance Claim Number for Prescription Coverage Inquiry transaction. <i>(protected field)</i>
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to Prescription Coverage Inquiry transaction by Medicare contractor. <i>(protected field)</i>
STATUS	Status of Prescription Coverage Inquiry transaction. <i>(protected field)</i>
REASON	Reason of Prescription Coverage Inquiry transaction. <i>(protected field)</i>
ORIGIN DATE	Originating date in MM-DD-CCYY format. <i>(protected field)</i>
LAST UPDATE	Date Prescription Coverage Inquiry transaction was last changed in MMDDCCYY format. <i>(protected field)</i>
USER ID	User ID of operator who entered Prescription Coverage Inquiry transaction. <i>(protected field)</i>
Navigation	Description
SUBMIT	Click [Submit] to display search results.
RESET	Click [Reset] to clear search results.
CANCEL	Click [Cancel] to return to the Main Menu.
Delete	Click [] to mark a transaction for deletion.
Transaction Summary	Click [HICN] link to view the Summary page.

View Transactions

1. Type search criteria in the appropriate fields and click [**Submit**].

Notes:

- To create a list of all Prescription Coverage Inquiries for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of Prescription Coverage Inquiries, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	88888888888888	00131	987654321987654	Completed		01/01/2010	01/05/2010	ECR2323
X	2345523455	00131	CD05152010	New		05/01/2010	05/01/2010	ECR1234

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
4. Change or delete search criteria to initiate a new search.

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Update Transactions

To update information on a Prescription Coverage Inquiry transaction, click the **[HICN]** link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

Electronic Correspondence Referral System (ECRS)

Home CMS Help Contact About Sign out

Prescription Coverage Inquiry

Prescription Coverage Inquiry Summary [Print Summary](#)

Initial Information

DCN: 123451234512345 HICN: 9999944444333

Source: CHEK-Unsolicited check

Patient Relationship: 01-Patient is policy holder

Send to MBD: Yes

MSP Type:

Informant Information

Name: Brian Fellows Relationship: B-Beneficiary

Address: 4567 Many Days

City, State, Zip: Columbia, MD 21020

Phone: (999) 999-9999

Change Contractor

[Change Contractor](#)

Quick Help

[Help About This Page](#)

Contractor

ID: 00131
Name: Company ABC

User

ID: ECR1234
Name: Dorothy Smith
Phone: (999)999-9999

Beneficiary

HICN: 9999944444333
SSN: ***-**-6789
Name: Nicholas M. Smith
Address: 123 Main Street
Apt. B

Prescription Coverage Inquiry, Summary Page Description

<i>Prescription Coverage Inquiry, Search Summary Page</i>	
Field Name	Description
INITIAL INFORMATION	See page 83
INFORMANT INFORMATION	See page 85
EMPLOYMENT INFORMATION	See page 85
CHECK INFORMATION	See page 85
PRESCRIPTION COVERAGE INFORMATION	See page 89
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.

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Prescription Coverage Inquiry, Search Summary Page	
Field Name	Description
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development Source indicating where initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
Transaction Navigation	Description
RETURN	Click [Return] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [Submit] to save updates. Displays for records in NW status.
CANCEL	Click [Cancel] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or [**Cancel**] to return to the Prescription Coverage Inquiry Search Page Listing.

Delete Transactions

To mark a Prescription Coverage Inquiry transaction for deletion, click the [**X**] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

To exit the Prescription Coverage Inquiry Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

Chapter 5: Workload Tracking Reports

This chapter provides you with step-by-step instructions for viewing Workload Tracking Reports. Examples and explanations are provided for each page in ECRS. The Contractor Workload Tracking Report displays information for Medicare contractors; the CMS Workload Tracking Report is only viewable by RO and CMS users.

The pages in this chapter are representative of the actual pages within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Review Contractor Workload Tracking Report	99
Review CMS Workload Tracking Report	105

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Reports	
Workload Tracking (for Medicare Contractors)	99
Workload Tracking (for CMS and RO Users)	105

Navigation Links

The following links display on both versions of the Workload Tracking Report:

<i>Workload Tracking Reports</i>	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov .
HELP	Click [Help] to display information about ECRS menu options.

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Workload Tracking Reports	
Location	Description
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

Contractor Workload Tracking Report

The Contractor Workload Tracking report provides Medicare Contractors with statistics on the number of CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries that your contractor site submitted during a date range you specify. Statistics also include the number of CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

Follow the steps below to review the workload for your contractor site.

1. From the Main Menu, click the [**Contractor Workload Tracking**] link in the Reports section. The system displays the Workload Tracking page, as shown in the example below.

The screenshot shows the 'Contractor Workload Tracking' page in the ECRS system. The header includes the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. The page title is 'Contractor Workload Tracking'. The main content area contains a search form with the following fields: 'Date From' (03/14/2011), 'Date To' (04/14/2011), 'Status' (NW - New, CM - Completed, IP - In Process), and 'Reason' (Please Select). There are 'Submit', 'Reset', and 'Cancel' buttons at the bottom of the form. A 'Print this page' link is also present. The right sidebar contains 'Quick Help' links, a 'Change Contractor' button, and 'Contractor' information: ID: 00020, Name: PINNACLE BUSINESS SOLUTIONS, INC., and 'User' information: ID: ECRSDEV, Name: TEST ECRS USER, Phone: 123-456-7890.

Contractor Workload Tracking Report Description

Contractor Workload Tracking Report	
Field Name	Description
Workload Tracking Report Selection Criteria	
DATE FROM	Enter a start date for the reporting period. Defaults to first day of previous month.
DATE TO	Enter an end date for the reporting period. Defaults to last day of previous month.
REASON	Select a Reason code from the dropdown list. (See Appendix D for the complete list of codes.)
ACTION CODE	Select an Activity code from the dropdown list.
STATUS	Select a status to search by.
Workload Tracking Report Detail	
CONTRACTOR	Contractor Number associated with the request or inquiry.

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Contractor Workload Tracking Report	
Field Name	Description
<i>ACTIVITY CODE</i>	<i>Activity code (protected field) Valid values are:</i> <i>C Claims (Pre-Payment)</i> <i>D Debt Collection/Referral</i> <i>G Group Health Plan</i> <i>I General Inquires</i> <i>N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act</i>
<i>CWF ASSISTANCE REQUESTS</i>	<i>Number of CWF Assistance Requests submitted by contractor for each activity code (protected field)</i>
<i>MSP INQUIRIES</i>	<i>Number of MSP inquires submitted by contractor for each activity code (protected field)</i>
<i>PDC INQUIRIES</i>	<i>Number of Prescription Coverage inquires submitted by contractor for each activity code (protected field)</i>
<i>GROSS TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP inquires, and Prescription Coverage inquires submitted by contractor for each activity code, including duplicates (protected field)</i>
<i>CWF REJECTS</i>	<i>Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) (protected field)</i>
<i>MSP REJECTS</i>	<i>Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF Assistance Request (CM87) (protected field)</i>
<i>PDC REJECTS</i>	<i>Number of duplicate Prescription Coverage inquiries submitted by contractor for each activity code (protected field)</i>
<i>NET TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP inquires, and Prescription Coverage inquires submitted by contractor for each activity code, excluding duplicates (protected field)</i>

ECRS WEB USER GUIDE

Contractor Workload Tracking Report	
Field Name	Description
<i>Grand Totals</i>	<p><i>Eight grand totals, at the bottom of the report, consisting of the following:</i></p> <ul style="list-style-type: none"> • <i>Grand total of CWF Assistance Requests submitted by contractor for all activity codes</i> • <i>Grand total of all MSP inquiries submitted by contractor for all activity codes</i> • <i>Grand total of all Prescription Coverage inquiries submitted by contractor for all activity codes</i> • <i>Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries submitted by contractor for all activity codes, including duplicates</i> • <i>Grand total of all duplicate/rejected CWF Assistance Requests submitted by contractor for all activity codes</i> • <i>Grand total of all duplicate/rejected MSP inquiries submitted by contractor for all activity codes</i> • <i>Grand total of all duplicate/rejected Prescription Coverage inquiries submitted by contractor for all activity codes</i> • <i>Grand total of Net Totals for CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries submitted by the contractor for all activity codes, excluding duplicates</i>
Page Navigation	Description
<i>PRINT REPORT/PRINT THIS PAGE</i>	<i>Click to launch the Print dialog box.</i>
<i>EXPORT DATA/EXPORT OPTIONS</i>	<i>Click to launch the File Save dialog box.</i>
<i>SUBMIT</i>	<i>Click [Submit] to create the report using the selected criteria.</i>
<i>RESET</i>	<i>Click [Reset] clear search criteria and results.</i>
<i>CANCEL</i>	<i>Click [Cancel] to go to the Main Menu.</i>

2. Enter the desired criteria in the search fields and click [**Submit**].
3. *The system re-displays the Contractor Workload Tracking page, with report details displayed at the bottom of the page, as shown in the following example.*

ECRS WEB USER GUIDE

 [Print this page](#)

Date From:  Date To: 

Status: NW - New CM - Completed IP - In Process

Reason: 

Contractor	Activity Code	CWF Assistance Requests	MSP Inquiries	PDC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PDC Rejects	Net Total
00020	C	7	2	3	12	2	0	0	10
00020	N	0	0	0	0	0	0	0	0
00020	G	0	0	0	0	0	0	0	0
00020	I	0	0	0	0	0	0	0	0
00020	D	0	0	0	0	0	0	0	0
		7	2	3	12	2	0	0	10

Export options: [CSV](#)

4. *Print the report by clicking the [**Print This Page**] link or export the report to a file by clicking the [**Export Options: CSV**] link.*
5. *Change the search criteria and click [**Submit**] to re-create the report using the revised criteria. Click [**Reset**] to clear all search criteria.*
6. To exit the Contractor Workload Tracking web page, click the [**Home**] link in the upper navigation bar. This returns you to the Main Menu.

CMS Workload Tracking Report

The CMS Workload Tracking report provides CMS and RO users with statistics on the number of CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries that contractor sites submitted during a date range you specify. Statistics also include information about the number of CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

Follow the steps below to review the workload for selected contractor sites.

1. From the Main Menu, click the [CMS Workload Tracking] link in the Reports section. The system displays the CMS Workload Tracking page, as shown in the example below.

CMS Workload Tracking Report Description

CMS Workload Tracking Report	
Field Name	Description
Workload Tracking Report Selection Criteria	
DATE FROM	Enter a start date for the reporting period. Defaults to first day of previous month.
DATE TO	Enter an end date for the reporting period. Defaults to last day of previous month.
STATUS	Select a status to search by.
REASON	Select a Reason code from the dropdown list. (See Appendix D for the complete list of codes.)
CONTRACTOR ID	Enter a contractor number to display CMS workload statistics for. Leave the field blank to display results for all contractors.
Workload Tracking Report Detail	
CONTRACTOR	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify the Medicare contractors.

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CMS Workload Tracking Report	
Field Name	Description
<i>ACTIVITY CODE</i>	<i>Activity code (protected field) Valid values are:</i> <i>C Claims (Pre-Payment)</i> <i>D Debt Collection/Referral</i> <i>G Group Health Plan</i> <i>I General Inquires</i> <i>N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act</i>
<i>CWF ASSISTANCE REQUESTS</i>	<i>Number of CWF Assistance Requests submitted by contractor for each activity code (protected field)</i>
<i>MSP INQUIRIES</i>	<i>Number of MSP inquires submitted by contractor for each activity code (protected field)</i>
<i>PDC INQUIRIES</i>	<i>Number of Prescription Coverage inquires submitted by contractor for each activity code (protected field)</i>
<i>GROSS TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP inquires, and Prescription Coverage inquires submitted by contractor for each activity code, including duplicates (protected field)</i>
<i>CWF REJECTS</i>	<i>Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) (protected field)</i>
<i>MSP REJECTS</i>	<i>Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF Assistance Request (CM87) (protected field)</i>
<i>PDC REJECTS</i>	<i>Number of duplicate Prescription Coverage inquiries submitted by contractor for each activity code (protected field)</i>
<i>NET TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP inquires, and Prescription Coverage inquires submitted by contractor for each activity code, excluding duplicates (protected field)</i>

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CMS Workload Tracking Report	
Field Name	Description
<i>Grand Totals</i>	<p><i>Eight grand totals, at the bottom of the report, consisting of the following:</i></p> <ul style="list-style-type: none"> • <i>Grand total of CWF Assistance Requests submitted by contractor for all activity codes</i> • <i>Grand total of all MSP inquiries submitted by contractor for all activity codes</i> • <i>Grand total of all Prescription Coverage inquiries submitted by contractor for all activity codes</i> • <i>Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries submitted by contractor for all activity codes, including duplicates</i> • <i>Grand total of all duplicate/rejected CWF Assistance Requests submitted by contractor for all activity codes</i> • <i>Grand total of all duplicate/rejected MSP inquiries submitted by contractor for all activity codes</i> • <i>Grand total of all duplicate/rejected Prescription Coverage inquiries submitted by contractor for all activity codes</i> • <i>Grand total of Net Totals for CWF Assistance Requests, MSP inquiries, and Prescription Coverage inquiries submitted by the contractor for all activity codes, excluding duplicates</i>
Page Navigation	Description
<i>PRINT REPORT/PRINT THIS PAGE</i>	<i>Click to launch the Print dialog box.</i>
<i>EXPORT DATA/EXPORT OPTIONS</i>	<i>Click to launch the File Save dialog box.</i>
<i>SUBMIT</i>	<i>Click [Submit] to create the report using the selected criteria.</i>
<i>RESET</i>	<i>Click [Reset] clear search criteria and results.</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

2. Enter the desired criteria in the search fields and click [**Submit**].
3. *The system re-displays the CMS Workload Tracking page, with report details displayed at the bottom of the page, as shown in the following example.*

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 [Print this page](#)

Date From: Date To:

Status: NW - New CM - Completed IP - In Process

Reason:

Contractor ID:

Contractor	Activity Code	CWF Assistance Requests	MSP Inquiries	PDC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PDC Rejects	Net Total
ATL	C	0	0	0	0	0	0	0	0
ATL	N	0	0	0	0	0	0	0	0
ATL	G	0	0	0	0	0	0	0	0
ATL	I	0	0	0	0	0	0	0	0
ATL	D	1	0	0	1	0	0	0	1
		1	0	0	1	0	0	0	1

Export options: [CSV](#)

4. *Print the report by clicking the **[Print This Page]** link or export the report to a file by clicking the **[Export Options: CSV]** link.*
5. *Change the search criteria and click **[Submit]** to re-create the report using the revised criteria. Click **[Reset]** to clear all search criteria.*
6. To exit the CMS Workload Tracking web page, click the **[Home]** link in the upper navigation bar. This returns you to the Main Menu.

Chapter 6: Uploading & Downloading Files

Users with upload and download authority will see [**Upload File**] and [**Download Response File**] links on the Main Menu. Most users have upload/download authority for a single Medicare Contractor, but some users have the authority to upload and download files for multiple contractors. Users with upload/download authority for multiple contractors must have upload/download authority for each contractor on the file. *See Appendix F for transaction file and response file layouts.*

The authority for users to upload and download Assistance Request and Inquiry files resides in the COBC EDI application. Before users can upload Assistance Request and Inquiry files (or download the corresponding response files), they must first be granted permission in the EDI application. To request permission for Upload/Download authority, contact your COBC EDI Representative or call the COBC EDI Department at 646-458-6740.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Upload batch file transactions	109
Download Response Files	113

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Files	
Upload File	109
Download Response File	113

Navigation Links

The following links appear on the Upload File and Download Response File pages.

<i>File Upload & Download Response Files Pages</i>	
Location	Description
Heading Bar Navigation	

ECRS WEB USER GUIDE

<i>File Upload & Download Response Files Pages</i>	
Location	Description
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor.
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

Upload Assistance Request and Inquiry Files

Use the [Upload File] link under the Reports section on the Main Menu to access the Upload File page. The Upload File page allows you to browse, select, and upload transaction files stored on your system. In addition to allowing a user to upload a new file, the Upload File page also displays a listing of the ten most-recently uploaded files.

Follow the steps below to upload Assistance Request and Inquiry files.

1. From the Main Menu, click the [Upload File] link in the Files section.
2. The system displays the Upload File page, as shown in the example below.



File Upload Page Description

<i>File Upload Page</i>	
Input Field Name	Description
FILE TO UPLOAD	File path of the file to upload to the ECRS system.
Files Previously Uploaded	
FILE NAME	File name of previously uploaded file.
UPLOAD DATE	Date the file was uploaded.
USER ID	User ID of the person who uploaded the file.

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<i>File Upload Page</i>	
Input Field Name	Description
Page Navigation	Description
BROWSE	Click [Browse] to launch the Choose File dialog box.
CONTINUE	Click [Continue] to upload the file entered in the 'File to Upload' field.
CANCEL	Click [Cancel] to return to the Main Menu.

3. Enter the file path in the FILE TO UPLOAD field; or click the [**Browse**] button and select the file to upload.
4. Click [**Continue**].
5. The system uploads the file and displays the Upload File Confirmation page. The page contains the file name and date/time of the upload.
6. Print the Confirmation page by clicking the [**Print Confirmation**] link, or return to the Main Menu by clicking the [**Home**] link in the navigation bar at the top of the page.

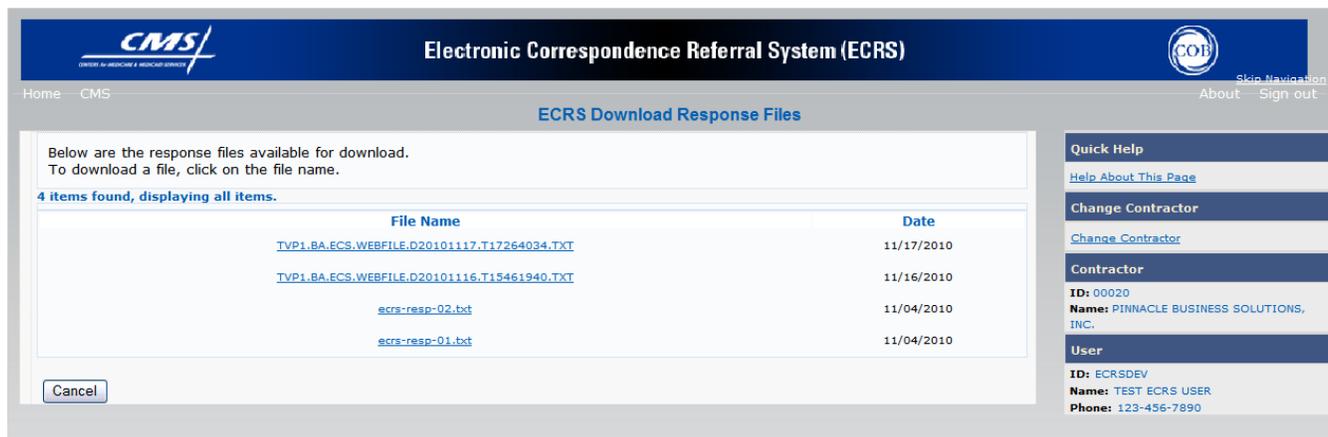
Download Assistance Request and Inquiry Response Files

Use the [**Download Response File**] link under the Reports section on the Main Menu to access the Download Response File page. The Download Response File page displays a list of response files available for download. . Users with upload/download authority for several contractors can only download files for the current contractor. Use the [**Change Contractor**] link on the right navigation menu to select a different contractor to download for.

Note: Only transactions that have been uploaded using ECRS Web will have response files available for download.

Follow the steps below to Download Assistance Request and Inquiry Response files.

1. From the Main Menu, click the [**Download Response File**] link in the Files section.
2. The system displays the Download Response Files page, as shown in the example below.



Download Response Files Page Description

<i>Download Response Files Page</i>	
Display Field Name	Description
FILE NAME	List of response files available for download.
DATE	Date the response files were processed.
Page Navigation	Description
File Name Link	Click the individual file name to download the response file.
CANCEL	Click [Cancel] to return to the Main Menu.

Appendix A: CWF Assistance Request Required Data Reference

For information on how to use the Required Data Reference tables, see page 3.

CWF Assistance Request Required Data Table		
Field	Required?	Notes
Action Requested Page		
<i>DCN</i>	<i>Y</i>	
<i>HICN</i>	<i>Y</i>	
<i>ACTIVITY CODE</i>	<i>Y</i>	
<i>ACTION(S)</i>	<i>Y</i>	
<i>SOURCE</i>	<i>Y</i>	
<i>IMPORT HIMR MSP DATA</i>	<i>Y</i>	
CWF Auxiliary Record Data Page		
<i>MSP TYPE</i>	<i>Y</i>	
<i>PATIENT RELATIONSHIP</i>	<i>Y</i>	
<i>AUXILIARY RECORD #</i>	<i>Y</i>	<i>Part D contractors must enter 001 when the Auxiliary Record Number is unknown.</i>
<i>ORIGINATING CONTRACTOR</i>	<i>Y</i>	
<i>EFFECTIVE DATE</i>	<i>Y</i>	
<i>TERMINATION DATE</i>	<i>Y</i>	<i>Required when Action Code is TD or CT.</i>
<i>ACCRETION DATE</i>	<i>N</i>	
Informant Information Page		
<i>FIRST NAME</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i> • <i>Required for all Source Codes when Action Code is AI.</i>
<i>MIDDLE INITIAL</i>	<i>N</i>	
<i>LAST NAME</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i> • <i>Required for all Source Codes when Action Code is AI.</i>
<i>ADDRESS</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i> • <i>Required for all Source Codes when Action Code is AI.</i>
<i>CITY</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i> • <i>Required for all Source Codes when Action Code is AI.</i>

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CWF Assistance Request Required Data Table		
Field	Required?	Notes
<i>STATE</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Required for all Source Codes when Action Code is AI.
<i>ZIP</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Required for all Source Codes when Action Code is AI.
<i>PHONE</i>	<i>N</i>	
<i>RELATIONSHIP</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Must be A when Action Code is AI.
Insurance Information Page		
<i>INSURANCE COMPANY NAME</i>	<i>Y</i>	<p>Required for all Source Codes when Action Code is II.</p> <p>Note: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action Code is II.</p>
<i>ADDRESS</i>	<i>N</i>	
<i>CITY</i>	<i>N</i>	
<i>STATE</i>	<i>N</i>	
<i>ZIP</i>	<i>N</i>	
<i>PHONE</i>	<i>N</i>	
<i>INSURANCE TYPE</i>	<i>Y</i>	Required for all Source Codes when Action Code is AI or IT.
<i>POLICY NUMBER</i>	<i>Y</i>	<p>Required when the Action Code is AP and the MSP Type is <u>not</u> D, E, L, or W.</p> <p>Note: If the Policy Number is entered, the Group Number is not required.</p>
<i>GROUP NUMBER</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when the Action Code is CD and the MSP Type is D, E, L, or W. • Required when the Action Code is AP and the MSP Type is <u>not</u> D, E, L, or W. <p>Note: If the Group Number is entered, the Policy Number is not required.</p>
<i>SUBSCRIBER FIRST NAME</i>	<i>N</i>	
<i>SUBSCRIBER MIDDLE INITIAL</i>	<i>N</i>	
<i>SUBSCRIBER LAST NAME</i>	<i>N</i>	
Employment Information Page		
<i>EMPLOYER NAME</i>	<i>Y</i>	Required when the Action Code is EA or EI.

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CWF Assistance Request Required Data Table		
Field	Required?	Notes
<i>ADDRESS</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>CITY</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>STATE</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>ZIP</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>PHONE</i>	<i>N</i>	
<i>EIN</i>	<i>N</i>	
<i>EMPLOYEE #</i>	<i>N</i>	
Additional Information Page		
<i>CHECK NUMBER</i>	<i>Y</i>	<i>Required when Source Code is Check.</i>
<i>CHECK DATE</i>	<i>Y</i>	<i>Required when Source Code is Check.</i>
<i>CHECK AMOUNT</i>	<i>Y</i>	<i>Required when Source Code is Check.</i>
<i>PRE-PAID HEALTH PLAN DATE</i>	<i>Y</i>	<i>Required when Action Code is PH.</i>
<i>SOCIAL SECURITY NUMBER</i>	<i>Y</i>	<i>Required when Action Code is MX.</i>
<i>DIAGNOSIS CODES</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is DX.</i> • <i>Required when MSP Type is D, E, or L.</i>
Comments/Remarks Page		
<i>COMMENTS</i>	<i>N</i>	
<i>REMARKS</i>	<i>Y</i>	<i>Required when Action Code is AR.</i>

Appendix B: MSP Inquiry Required Data Reference

For information on how to use the Required Data Reference tables, see page 3.

MSP Inquiry Required Data Table		
Field	Required?	Notes
Action Requested Page		
<i>DCN</i>	<i>Y</i>	
<i>HICN</i>	<i>Y</i>	
<i>ACTIVITY CODE</i>	<i>Y</i>	
<i>ACTION</i>	<i>N</i>	
<i>SOURCE</i>	<i>Y</i>	
MSP Information Page		
<i>MSP TYPE</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required for all MSP Inquiry transactions, unless Record Type is Supplemental. (Do not select an MSP Type when Prescription Coverage Record Type will be Supplemental.)</i> • <i>Required when Source Code is Phone.</i> • <i>Required when Action Code is CA or CL.</i> • <i>MSP Type must be D, E, or L when Action Code is CL.</i>
<i>PATIENT RELATIONSHIP</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is Blank and MSP Type is F.</i> • <i>Required when Action Code is CA and MSP Type is L.</i> • <i>Required when Action Code is CL and MSP Type is D, E, or L.</i>
<i>EFFECTIVE DATE</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is CA and MSP Type is L</i> • <i>Required when Action Code is CL and MSP Type is D, E, or L</i>
<i>TERMINATION DATE</i>	<i>Y</i>	<i>Required when ACTION CODE is CL and MSP TYPE is D, E, or L.</i>
<i>CMS GROUPING CODE</i>	<i>Y</i>	<i>Required when Action Code is CA and MSP Type is L.</i>
<i>DIALYSIS TRAIN DATE</i>	<i>N</i>	
<i>BLACK LUNG BENEFITS</i>	<i>N</i>	
<i>BLACK LUNG EFFECTIVE DATE</i>	<i>N</i>	
<i>SEND TO CWF</i>	<i>N</i>	

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MSP Inquiry Required Data Table		
Field	Required?	Notes
Informant Information Page		
<i>FIRST NAME</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
<i>MIDDLE INITITAL</i>	<i>N</i>	
<i>LAST NAME</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
<i>ADDRESS</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
<i>CITY</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
<i>STATE</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
<i>ZIP</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
<i>PHONE</i>	<i>N</i>	
<i>RELATIONSHIP</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when Source code is Check, Letter, or Phone. • Must be A if Action Code is CA or CL and informant information is entered.
Insurance Information Page		
<i>INSURANCE COMPANY NAME</i>	<i>Y</i>	Required <u>unless</u> Action Code is blank or DE.
<i>ADDRESS LINE 1</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when an Insurance Company Name is entered. • Required when Action Code is DI. • Required when Action Code Is CA or CL, unless Informant information was entered.
<i>ADDRESS LINE 2</i>	<i>N</i>	
<i>CITY</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when an Insurance Company Name is entered. • Required when Action Code is DI. • Required when Action Code is CA or CL, unless Informant information was entered.
<i>STATE</i>	<i>Y</i>	<ul style="list-style-type: none"> • Required when an Insurance Company Name is entered. • Required when Action Code is DI. • Required when Action Code is CA or CL, unless Informant information was entered.

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MSP Inquiry Required Data Table		
Field	Required?	Notes
<i>ZIP</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when an Insurance Company Name is entered.</i> • <i>Required when Action Code is DI.</i> • <i>Required when Action Code is CA or CL, unless Informant information was entered.</i>
<i>PHONE</i>	<i>N</i>	
<i>INSURANCE TYPE</i>	<i>Y</i>	
<i>POLICY NUMBER</i>	<i>N</i>	
<i>GROUP NUMBER</i>	<i>N</i>	
<i>SUBSCRIBER FIRST NAME</i>	<i>N</i>	
<i>SUBSCRIBER MIDDLE INITIAL</i>	<i>N</i>	
<i>SUBSCRIBER LAST NAME</i>	<i>N</i>	
<i>SUBSCRIBER SSN</i>	<i>N</i>	
Employment Information Page		
<i>EMPLOYER NAME</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is DE.</i> • <i>Required when MSP Type is F and Send To CWF is Yes</i>
<i>ADDRESS</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is DE.</i> • <i>Required when MSP Type is F and Send To CWF is Yes</i>
<i>CITY</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is DE.</i> • <i>Required when MSP Type is F and Send To CWF is Yes</i>
<i>STATE</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is DE.</i> • <i>Required when MSP Type is F and Send To CWF is Yes</i>
<i>ZIP</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Action Code is DE.</i> • <i>Required when MSP Type is F and Send To CWF is Yes</i>
<i>PHONE</i>	<i>N</i>	
<i>EIN</i>	<i>N</i>	
<i>EMPLOYEE #</i>	<i>N</i>	
Additional Information Page		
<i>CHECK NUMBER</i>	<i>Y</i>	<i>Required when Source code is Check.</i>
<i>CHECK AMOUNT</i>	<i>Y</i>	<i>Required when Source code is Check.</i>
<i>CHECK DATE</i>	<i>Y</i>	<i>Required when Source code is Check.</i>
<i>DIAGNOSIS CODES</i>	<i>Y</i>	<i>Required when Action Code is CA or CL.</i>
<i>ILLNESS/INJURY DATE</i>	<i>N</i>	
<i>BENEFICIARY REPRESENTATIVE TYPE</i>	<i>N</i>	
<i>BENEFICIARY REPRESENTATIVE NAME</i>	<i>N</i>	

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MSP Inquiry Required Data Table		
Field	Required?	Notes
<i>BENEFICIARY REPRESENTATIVE ADDRESS</i>	<i>N</i>	
<i>BENEFICIARY REPRESENTATIVE CITY</i>	<i>N</i>	
<i>BENEFICIARY REPRESENTATIVE STATE</i>	<i>N</i>	
<i>BENEFICIARY REPRESENTATIVE ZIP</i>	<i>N</i>	
Prescription Coverage Page		
<i>INSURANCE COMPANY NAME</i>	<i>N</i>	
<i>ADDRESS LINE 1</i>	<i>N</i>	
<i>ADDRESS LINE 2</i>	<i>N</i>	
<i>CITY</i>	<i>N</i>	
<i>STATE</i>	<i>N</i>	
<i>ZIP</i>	<i>N</i>	
<i>PHONE</i>	<i>N</i>	
<i>POLICY NUMBER</i>	<i>N</i>	
<i>EFFECTIVE DATE</i>	<i>N</i>	
<i>TERMINATION DATE</i>	<i>N</i>	
<i>RECORD TYPE</i>	<i>N</i>	
<i>COVERAGE TYPE</i>	<i>N</i>	
<i>BIN</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>PCN</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>GROUP</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>ID</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>SUPPLEMENTAL TYPE</i>	<i>Y</i>	<i>Must be L when RECORD TYPE is Supplemental</i>
<i>PERSON CODE</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Record Type is Supplemental.</i> • <i>Required when Supplemental Type is L.</i>

Appendix C: Prescription Coverage Inquiry Required Data Reference

For information on how to use the Required Data Reference tables, see page 3.

Prescription Coverage Inquiry Required Data Table		
Field	Required?	Notes
Initial Information Page		
<i>DCN</i>	<i>Y</i>	
<i>HICN</i>	<i>Y</i>	
<i>ACTIVITY CODE</i>	<i>Y</i>	
<i>SOURCE</i>	<i>Y</i>	
<i>MSP TYPE</i>	<i>Y</i>	
<i>PATIENT RELATIONSHIP</i>	<i>Y</i>	
<i>SEND TO MBD</i>	<i>Y</i>	
<i>SUBMITTER TYPE</i>	<i>Y</i>	
Additional Information Page		
<i>CHECK NUMBER</i>	<i>Y</i>	<i>Required when Source code is Check.</i>
<i>CHECK DATE</i>	<i>Y</i>	<i>Required when Source code is Check.</i>
<i>CHECK AMOUNT</i>	<i>Y</i>	<i>Required when Source code is Check.</i>
<i>INFORMANT FIRST NAME</i>	<i>Y</i>	<i>Required when Source Code is Check, Letter, or Phone.</i>
<i>INFORMANT MIDDLE INITITAL</i>	<i>N</i>	
<i>INFORMANT LAST NAME</i>	<i>Y</i>	<i>Required when Source Code is Check, Letter, or Phone.</i>
<i>INFORMANT ADDRESS</i>	<i>Y</i>	<i>Required when Source Code is Check, Letter, or Phone.</i>
<i>INFORMANT CITY</i>	<i>Y</i>	<i>Required when Source Code is Check, Letter, or Phone.</i>
<i>INFORMANT STATE</i>	<i>Y</i>	<i>Required when Source Code is Check, Letter, or Phone.</i>
<i>INFORMANT ZIP</i>	<i>Y</i>	<i>Required when Source Code is Check, Letter, or Phone.</i>
<i>INFORMANT PHONE</i>	<i>N</i>	
<i>INFORMANT RELATIONSHIP</i>	<i>Y</i>	<i>Required when Source Code is Check, Letter, or Phone.</i>
<i>EMPLOYER NAME</i>	<i>N</i>	
<i>EMPLOYER ADDRESS</i>	<i>N</i>	
<i>EMPLOYER CITY</i>	<i>N</i>	
<i>EMPLOYER STATE</i>	<i>N</i>	

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Prescription Coverage Inquiry Required Data Table		
Field	Required?	Notes
<i>EMPLOYER ZIP</i>	<i>N</i>	
<i>EMPLOYER PHONE</i>	<i>N</i>	
<i>EMPLOYER EIN</i>	<i>N</i>	
<i>EMPLOYER EMPLOYEE #</i>	<i>N</i>	
Prescription Coverage Page		
<i>INSURANCE COMPANY NAME</i>	<i>N</i>	
<i>ADDRESS LINE 1</i>	<i>N</i>	
<i>ADDRESS LINE 2</i>	<i>N</i>	
<i>CITY</i>	<i>N</i>	
<i>STATE</i>	<i>N</i>	
<i>ZIP</i>	<i>N</i>	
<i>PHONE</i>	<i>N</i>	
<i>EFFECTIVE DATE</i>	<i>Y</i>	
<i>TERMINATION DATE</i>	<i>Y</i>	<i>A future Effective Date is automatically populated when the Coverage Type is U.</i>
<i>RECORD TYPE</i>	<i>N</i>	
<i>COVERAGE TYPE</i>	<i>N</i>	
<i>BIN</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>PCN</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>POLICY NUMBER</i>	<i>N</i>	
<i>GROUP</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>ID</i>	<i>Y</i>	<i>Required when Coverage Type is U.</i>
<i>SUPPLEMENTAL TYPE</i>	<i>N</i>	
<i>PERSON CODE</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when Record Type is Supplemental</i> • <i>Required when Record Type is Blank and Supplemental Type is L.</i>

Appendix D: Reason Codes

Reason Code	Definition
01	<i>Not yet read by COB, used with NW status</i>
02	<i>Being processed by COB, used with IP status</i>
03	<i>Under development by COB, used with IP status</i>
04	<i>Update sent to CWF, used with IP status</i>
05	<i>Error received from CWF, being resolved by COB contractor, used with IP status</i>
07	<i>Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.</i>
10	<i>Not processing</i>
11	<i>Not yet eligible for Medicare, used with HD status</i>
14	<i>Duplicate request, development already in process, used with HD status</i>
15	<i>Prescription Drug Information sent to MBD</i>
30	<i>SEE approved Medicare primary</i>
31	<i>CWF will indicate to the contractor the incorrect action code was submitted on the Assistance Request</i>
32	<i>Record terminated/deleted due to OBRA 93</i>
33	<i>WCSA record – request must go to regional office</i>
34	<i>Record is “N” validity – we do not develop for “N” records</i>
36	<i>Policy Holder Retired (G record)</i>
37	<i>Beneficiary verified existing record, no update needed</i>
38	<i>Development in process</i>
45	<i>Insufficient information to process, used with HD status (RAC only)</i>
46	<i>RAC did not update hold records, used with DE status (RAC only)</i>
50	<i>Posted to CWF, response received with no errors, used with CM status</i>
51	<i>No changes (additions, modifications, or deletions) made to CWF, used with CM status</i>
52	<i>Returned–rejected by CWF, used with CM status</i>
53	<i>Returned–duplicate ECRS request, used with CM status</i>
54	<i>100 or more threshold met</i>
55	<i>20 or more threshold met</i>
56	<i>OBRA does not apply, no update</i>
57	<i>Record already updated</i>
58	<i>Non-compliant GHP</i>

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Reason Code	Definition
59	<i>Employer verified existing record, no update</i>
60	<i>Invalid HICN</i>
61	<i>No Part A entitlement</i>
62	<i>Closed, no response to development</i>
63	<i>Development complete, no MSP</i>
64	<i>Letter sent</i>
65	<i>Deceased, used with CM status</i>
66	<i>ESRD/DIB conflict</i>
67	<i>No response from CWF</i>
68	<i>Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.)</i>
69	<i>Developed to GHP, no response</i>
70	<i>Developed to non-EGHP, no response</i>
71	<i>Developed to beneficiary, no response</i>
72	<i>Developed to informant, no response</i>
73	<i>Medicare beneficiary retired</i>
74	<i>Spouse retired</i>
75	<i>GHP lifetime of yearly benefits past maximum amount</i>
76	<i>No coverage with insurance company</i>
77	<i>Medicare Supplemental Plan</i>
78	<i>Employer has less than 20 employees</i>
79	<i>Per employer, Medicare beneficiary is not covered under spouse's GHP</i>
80	<i>Employer has less than 100 employees</i>
81	<i>Medicare is primary due to ESRD coordination period</i>
82	<i>Per insurance, seasonal employee and not eligible for the month</i>
83	<i>Incoming request conflicts with information on file</i>
84	<i>Insufficient information to update CWF</i>
85	<i>Venue changed</i>
87	<i>MSP record exists, used with CM status (check HIMR or resubmit as assistance request)</i>
88	<i>No update, not lead contractor</i>
91	<i>Duplicate investigation in process</i>
92	<i>Change of Venue not allowed after 90 days</i>
93	<i>No Part D Enrollment found</i>

Appendix E: CWF Remark Codes

Remark Code	Definition
01	Beneficiary retired as of termination date.
02	Beneficiary's employer has less than 20 employees.
03	Beneficiary's employer has less than 100 employees.
04	Beneficiary is dually entitled to Medicare, based on ESRD and Age or ESRD and disability.
05	Beneficiary is not married.
06	The Beneficiary is covered under the group health plan of a family member whose employer has less than 100 employees.
07	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.
08	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has not elected the working aged exception.
09	Beneficiary is self-employed.
10	A family member of the Beneficiary is self-employed.
20	Spouse retired as of termination date.
21	Spouse's employer has less than 20 employees.
22	Spouse's employer has less than 100 employees.
23	Spouse's employer has less than 100 employees but is in a qualifying multiple or multi-employer plan.
24	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has elected the working aged exception.
25	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has not elected the working aged exception.
26	Beneficiary's spouse is self-employed.
30	Exhausted benefits under the plan.
31	Preexisting condition exclusions exist.
32	Conditional payment criteria met.
33	Multiple primary payers, Medicare is tertiary payer.
34	Information has been collected indicating that there is not a parallel plan that covers medical services.
35	Information has been collected indicating that there is not a parallel plan that covers hospital services.

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Remark Code	Definition
36	Denial sent by EGHP, claims paid meeting conditional payment criteria.
37	Beneficiary deceased.
38	Employer certification on file.
39	Health plan is in bankruptcy or insolvency proceedings.
40	The termination date is the Beneficiary's retirement date.
41	The termination date is the spouse's retirement date.
42	Potential non-compliance case, Beneficiary enrolled in supplemental plan.
43	GHP coverage is a legitimate supplemental plan.
44	Termination date equals transplant date.
50	Employment related accident.
51	Claim denied by workers comp.
52	Contested denial.
53	Workers compensation settlement funds exhausted.
54	Auto accident - no coverage.
55	Not payable by black lung.
56	Other accident - no liability.
57	Slipped and fell at home.
58	Lawsuit filed - decision pending.
59	Lawsuit filed - settlement received.
60	Medical malpractice lawsuit filed.
61	Product liability lawsuit filed.
62	Request for waiver filed.
70	Data match correction sheet sent.
71	Data match record updated.
72	Vow of Poverty correction.

Appendix F: File Layouts

CWF Assistance Request File Layouts

CWF Assistance Request Header and Trailer Record Layout

CWF Assistance Request Header and Trailer Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Header Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Should be: 'H0'. If not, drop file with error code of HE01</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>'0001', '0002', etc. ID number assigned by COBC. (Previously labeled as "Plan Number"). If not valid plan, drop file with error code of HE02</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>If not valid contractor number, drop file with error code of HE03.</i>
<i>File Type</i>	3	<i>Alpha</i>	12-14	<i>Valid values: 'CWF' – CWF Assistance Request file If not, drop file with error code of HE04.</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>CCYYMMDD If not valid date, drop file with error code of HE05.</i>
<i>Submitter Type</i>	1	<i>Alpha-Numeric</i>	23	<i>Part C/D Submitter Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code of HE06.</i>
<i>Filler</i>	1244	<i>Filler</i>	24-1267	<i>Unused Field – fill with spaces</i>
<i>Trailer Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Should be: 'T0'. If not, drop file with error code of TE01</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>'0001', '0002', etc. ID number assigned by COBC. (Previously labeled as "Plan Number"). If not valid plan, drop file with error code of TE02</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>If not valid contractor number, drop file with error code of TE03.</i>

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CWF Assistance Request Header and Trailer Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>File Type</i>	<i>3</i>	<i>Alpha-Numeric</i>	<i>12-14</i>	<i>Valid values: 'CWF' – CWF Assistance Request File If not, drop file with error code of TE04.</i>
<i>File Date</i>	<i>8</i>	<i>Date</i>	<i>15-22</i>	<i>CCYYMMDD If not valid date, drop file with error code of TE05.</i>
<i>Record Count</i>	<i>9</i>	<i>Numeric</i>	<i>23-31</i>	<i>Number of records on file. If invalid number or number does not match number of records in file, drop file with error code of TE06.</i>
<i>Filler</i>	<i>1236</i>	<i>Filler</i>	<i>32-1267</i>	<i>Unused Field – fill with spaces</i>

CWF Assistance Request Record Layout

CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Transaction type</i>	<i>4</i>	<i>Alpha</i>	<i>1 – 4</i>	<i>Set to 'ECRS' Required</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>5-9</i>	<i>Part D Plan Contractor number Required</i>
<i>DCN</i>	<i>15</i>	<i>Text</i>	<i>10-24</i>	<i>Document Control Number; assigned by the Part D Plan. Required. Each record shall have a unique DCN.</i>
<i>Tran Type Code</i>	<i>1</i>	<i>Alpha</i>	<i>25</i>	<i>Transaction Type Indicator Set to 'R' for CWF Assistance Requests Required</i>
<i>Trans Seq No</i>	<i>3</i>	<i>Numeric</i>	<i>26-28</i>	<i>Sequence Number assigned by COB. Internal use only. Populate with spaces.</i>
<i>Update Operator ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>29-36</i>	<i>ID of user making update. Not required</i>
<i>Contractor Name</i>	<i>25</i>	<i>Text</i>	<i>37-61</i>	<i>Contractor name Not required</i>
<i>Contractor Phone</i>	<i>10</i>	<i>Numeric</i>	<i>62-71</i>	<i>Contractor Phone Number Not required</i>
<i>Tran Stat Cd</i>	<i>2</i>	<i>Alpha</i>	<i>72-73</i>	<i>Status Code Set to 'NW' for New</i>
<i>Tran Reason Cd</i>	<i>2</i>	<i>Numeric</i>	<i>74-75</i>	<i>Reason Set to '01' for New</i>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Trans Action Code 1</i>	<i>2</i>	<i>Alpha</i>	<i>76-77</i>	<p><i>Action Code</i></p> <p><i>Valid values are:</i></p> <p><i>AI = Change Attorney Information</i></p> <p><i>AR = Add CWF remark codes</i></p> <p><i>CT = Change termination date</i></p> <p><i>CV = Change of venue</i></p> <p><i>DA = Develop to the attorney</i></p> <p><i>DD = Develop for the diagnosis code</i></p> <p><i>DE = Develop to employer or for employer info</i></p> <p><i>DI = Develop to insurer or for insurer info</i></p> <p><i>DO = Mark occurrence for deletion</i></p> <p><i>DR = Investigate/redevelop closed or deleted record</i></p> <p><i>DT = Develop for termination date</i></p> <p><i>DX = Change diagnosis codes</i></p> <p><i>EA = Change employer address</i></p> <p><i>ED = Change effective date</i></p> <p><i>EF = Develop for the effective date</i></p> <p><i>EI = Change employer information</i></p> <p><i>ES = Employer size below minimum (20 for working aged, 100 for disability)</i></p> <p><i>II = Change insurer information</i></p> <p><i>IT = Change insurer type</i></p> <p><i>LR = Add duplicate liability record</i></p> <p><i>MT = Change MSP type</i></p> <p><i>MX = SSN/HICN mismatch</i></p> <p><i>NR = Create duplicate no-fault record</i></p> <p><i>PH = Add PHP date</i></p> <p><i>PR = Change patient relationship</i></p> <p><i>RR = Generate right of recovery lead contractor letter</i></p> <p><i>TD = Terminate open EGHP record with date less than six months prior to date of accretion</i></p> <p><i>VP = Beneficiary has taken a vow of poverty</i></p> <p><i>Required. Enter up to four action codes unless CWF assistance request is to change venue (CV), delete occurrence (DO), redevelop a deleted CWF record (DR), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these five action codes with any other action codes.</i></p>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Trans Action Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>78-79</i>	<i>Action Code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.</i>
<i>Trans Action Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>80-81</i>	<i>Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.</i>
<i>Trans Action Code 4</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>82-83</i>	<i>Action Code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.</i>
<i>Activity Code</i>	<i>1</i>	<i>Alpha</i>	<i>84</i>	<i>Activity of Contractor. Valid values are: C = Claims (Prepayment) - 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan - 42003 I = General Inquiry - 42004 D = Debt Collection - 42021 Required.</i>
<i>Develop to</i>	<i>1</i>	<i>Alpha</i>	<i>85</i>	<i>Development source code indicating where development letter was sent. Not required. Populate with spaces if not available.</i>
<i>RSP</i>	<i>1</i>	<i>Alpha</i>	<i>86</i>	<i>Development response indicator. Not required. Populate with spaces if not available.</i>
<i>Trans Source Cd</i>	<i>4</i>	<i>Alpha</i>	<i>87-90</i>	<i>Four-character code identifying source of CWF assistance request information. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim DMCH = Datamatch (RAC only) OTHR = Other (RAC only) Required.</i>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>HIC Number</i>	<i>12</i>	<i>Alpha-Numeric</i>	<i>91-102</i>	<i>Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. Required if SSN is not entered.</i>
<i>Beneficiary's Social Security Number</i>	<i>9</i>	<i>Numeric</i>	<i>103-111</i>	<i>Beneficiary's Social Security Number Required if HIC Number not entered.</i>
<i>Beneficiary's Date of Birth</i>	<i>8</i>	<i>Date</i>	<i>112-119</i>	<i>Beneficiary's Date of Birth in CCYYMMDD format Not required. Populate with zeros if not available.</i>
<i>Beneficiary's Sex Code</i>	<i>1</i>	<i>Numeric</i>	<i>120</i>	<i>Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Not required. Populate with spaces if not available.</i>
<i>Beneficiary's First Name</i>	<i>15</i>	<i>Text</i>	<i>121-135</i>	<i>First name of beneficiary. Required</i>
<i>Beneficiary's Initial</i>	<i>1</i>	<i>Alpha</i>	<i>136</i>	<i>Middle initial of beneficiary</i>
<i>Beneficiary's Last Name</i>	<i>24</i>	<i>Text</i>	<i>137-160</i>	<i>Last name of beneficiary. Required</i>

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CWF Assistance Request Record Layout														
Data Field	Length	Type	Displacement	Description										
<i>Patient Relationship</i>	2	<i>Numeric</i>	161-162	<p><i>Patient relationship between policyholder and beneficiary</i></p> <p><i>Valid values are:</i></p> <p><i>01 = Patient is policy holder</i></p> <p><i>02 = Spouse</i></p> <p><i>03 = Natural child, insured has financial responsibility</i></p> <p><i>04 = Natural child, insured does not have financial responsibility</i></p> <p><i>05 = Stepchild</i></p> <p><i>06 = Foster child</i></p> <p><i>07 = Ward of the Court</i></p> <p><i>08 = Employee</i></p> <p><i>09 = Unknown</i></p> <p><i>10 = Handicapped dependent</i></p> <p><i>11 = Organ donor</i></p> <p><i>12 = Cadaver donor</i></p> <p><i>13 = Grandchild</i></p> <p><i>14 = Niece/nephew</i></p> <p><i>15 = Injured plaintiff</i></p> <p><i>16 = Sponsored dependent</i></p> <p><i>17 = Minor dependent of a minor dependent</i></p> <p><i>18 = Parent</i></p> <p><i>19 = Grandparent dependent</i></p> <p><i>20 = Domestic partner (Effective April, 2004.)</i></p> <p><i>Required.</i></p> <p><i>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</i></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; padding: 5px;"><i>MSP Type</i></th> <th style="text-align: left; padding: 5px;"><i>Patient Relationship Code</i></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="padding: 5px;">-----</td> </tr> <tr> <td style="padding: 5px;"><i>A</i></td> <td style="padding: 5px;"><i>01, 02</i></td> </tr> <tr> <td style="padding: 5px;"><i>B</i></td> <td style="padding: 5px;"><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> <tr> <td style="padding: 5px;"><i>G</i></td> <td style="padding: 5px;"><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> </tbody> </table>	<i>MSP Type</i>	<i>Patient Relationship Code</i>	-----		<i>A</i>	<i>01, 02</i>	<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>	<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>
<i>MSP Type</i>	<i>Patient Relationship Code</i>													

<i>A</i>	<i>01, 02</i>													
<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													
<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>163</i>	<p><i>One-character code identifying type of MSP coverage</i></p> <p><i>Valid values are:</i></p> <p><i>A = Working Aged</i></p> <p><i>B = ESRD</i></p> <p><i>C = Conditional Payment</i></p> <p><i>D = Automobile Insurance</i></p> <p><i>E = Workers Compensation</i></p> <p><i>F = Federal (Public)</i></p> <p><i>G = Disabled</i></p> <p><i>H = Black Lung</i></p> <p><i>I = Veterans</i></p> <p><i>L = Liability</i></p> <p><i>W = Workers Compensation Set-Aside Required</i></p>
<i>MSP Effective Date</i>	<i>8</i>	<i>Date</i>	<i>164-171</i>	<p><i>Effective date of MSP coverage in CCYYMMDD format.</i></p> <p><i>Required</i></p>
<i>MSP Term Date</i>	<i>8</i>	<i>Date</i>	<i>172-179</i>	<p><i>Termination date of MSP coverage in CCYYMMDD format. Type one or more zeroes in this field to remove an existing termination date. Type 9 eight times in this field if you have conflicting dates for the termination date.</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>AUX Row Number</i>	<i>3</i>	<i>Numeric</i>	<i>180-182</i>	<p><i>AUX record number of MSP record at CWF.</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>MSP Accretion Date</i>	<i>8</i>	<i>Date</i>	<i>183-190</i>	<p><i>Accretion date of MSP coverage in CCYYMMDD format.</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>Originating Contractor</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>191-195</i>	<p><i>Contractor number of contractor that created original MSP occurrence at CWF</i></p> <p><i>Required except when ACTION(S) = CV.</i></p>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Change Lead To</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>196-200</i>	<p><i>New lead contractor number.</i></p> <p>Note: <i>The system allows one change of venue per beneficiary. If you try to request a second or subsequent change of venue, the system displays an error message and does not process your request. In this case, contact your COB consortia representative.</i></p> <p><i>Required if value in ACTION(S) field = CV. Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request.</i></p>
<i>Send Venue Letter</i>	<i>1</i>	<i>Alpha</i>	<i>201</i>	<p><i>Indicates whether to send Change of Venue letter informing of lead contractor change to original recipients of Right of Recovery letter.</i></p> <p><i>Valid values are:</i></p> <p><i>Y = Yes</i></p> <p><i>N = No</i></p> <p><i>Required if value in ACTION(S) field = CV.</i></p>
<i>Beneficiary's Address 1</i>	<i>32</i>	<i>Text</i>	<i>202-233</i>	<p><i>First line of Beneficiary's street address.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Beneficiary's Address 2</i>	<i>32</i>	<i>Text</i>	<i>234-265</i>	<p><i>Second line of Beneficiary's street address.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Beneficiary's City</i>	<i>15</i>	<i>Text</i>	<i>266-280</i>	<p><i>Beneficiary's city</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Beneficiary's State</i>	<i>2</i>	<i>Alpha</i>	<i>281-282</i>	<p><i>Beneficiary's state</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Beneficiary's Zip Code</i>	<i>9</i>	<i>Numeric</i>	<i>283-291</i>	<p><i>Beneficiary's zip code</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Beneficiary's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>292-301</i>	<p><i>Beneficiary's telephone number</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>Check Date</i>	<i>8</i>	<i>Numeric</i>	<i>302-309</i>	<p><i>Date of check received in CCYYMMDD format.</i></p> <p><i>Required if value in SOURCE field = CHEK.</i></p> <p><i>You cannot future-date this field. Populate with zeros if SOURCE field not equal to CHEK.</i></p>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Check Amount</i>	<i>15</i>	<i>Alpha</i>	<i>310-324</i>	<i>Amount of check received in \$999,999,999.99 format. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.</i>
<i>Check Number</i>	<i>15</i>	<i>Alpha</i>	<i>325-339</i>	<i>Number of check received. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.</i>
<i>Informant's First Name</i>	<i>15</i>	<i>Text</i>	<i>340-354</i>	<i>Name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant's Middle Initial</i>	<i>1</i>	<i>Alpha</i>	<i>355</i>	<i>Informants middle initial. Not required. Populate with spaces if not available.</i>
<i>Informant's Last Name</i>	<i>24</i>	<i>Text</i>	<i>356-379</i>	<i>Last name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>380-389</i>	<i>Informant's telephone number Not required. Populate with zeros if not available.</i>
<i>Informant's Address 1</i>	<i>32</i>	<i>Text</i>	<i>390-421</i>	<i>Informant's street address 1 Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant's Address 2</i>	<i>32</i>	<i>Text</i>	<i>422-453</i>	<i>Name of person informing contractor of change in MSP coverage. Not required</i>
<i>Informant's City</i>	<i>15</i>	<i>Text</i>	<i>454-468</i>	<i>Informant's city. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant's State</i>	<i>2</i>	<i>Alpha</i>	<i>469-470</i>	<i>Informant's state Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant's Zip Code</i>	<i>9</i>	<i>Numeric</i>	<i>471-479</i>	<i>Informant's zip code Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>480</i>	<i>Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Employer's Name</i>	<i>32</i>	<i>Text</i>	<i>481-512</i>	<i>Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.</i>
<i>Employer EIN</i>	<i>18</i>	<i>Text</i>	<i>513-530</i>	<i>Employer's Identification Number Not required. Populate with spaces if not available.</i>
<i>Employer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>531-562</i>	<i>Employer's Street Address 1 Not required. Populate with spaces if not available.</i>
<i>Employer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>563-594</i>	<i>Employer's Street Address 2 Not required. Populate with spaces if not available.</i>
<i>Employer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>595-604</i>	<i>Employer's Telephone Number Not required. Populate with spaces if not available.</i>
<i>Employer's City</i>	<i>15</i>	<i>Text</i>	<i>605-619</i>	<i>Employer's City Not required. Populate with spaces if not available.</i>
<i>Employer's State</i>	<i>2</i>	<i>Alpha</i>	<i>620-621</i>	<i>Employer's State Not required. Populate with spaces if not available.</i>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Employer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>622-630</i>	<i>Employer's Zip Code Not required. Populate with spaces if not available.</i>
<i>Employee No</i>	<i>12</i>	<i>Text</i>	<i>631-642</i>	<i>Employee Number of Policy Holder Not required. Populate with spaces if not available.</i>
<i>Insurer's name</i>	<i>32</i>	<i>Text</i>	<i>643-674</i>	<i>Name of insurance carrier for MSP coverage Required for II action code. Populate with spaces if ACTION not equal to II.</i>
<i>Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>675</i>	<i>Type of Insurance A = Insurance or Indemnity (Other Types) B = Group Health Organization (GHO) C = Preferred Provider Organization D = TPA/ASO E = Stop Loss TPA F = Self-insured/Self-Administered (Self-Insured) G = Collectively-bargained Health and Welfare Fund H = Multiple Employer Health Plan with more than 100 employees. I = Multiple Employer Health Plan with more than 10 employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan U = Unknown Not required. Populate with A if not available.</i>
<i>Insurer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>676-707</i>	<i>Insurer's street address 1 Not required. Populate with spaces if not available.</i>
<i>Insurer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>708-739</i>	<i>Insurer's street address 2 Not required. Populate with spaces if not available.</i>
<i>Insurer's City</i>	<i>15</i>	<i>Text</i>	<i>740-754</i>	<i>Insurer's city Not required. Populate with spaces if not available.</i>
<i>Insurer's State</i>	<i>2</i>	<i>Alpha</i>	<i>755-756</i>	<i>Insurer's state Not required. Populate with spaces if not available.</i>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Insurer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>757-765</i>	<i>Insurer's zip code Not required. Populate with spaces if not available.</i>
<i>Insurer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>766-775</i>	<i>Insurer's telephone number Not required. Populate with zeros if not available.</i>
<i>Insurer Group Number</i>	<i>20</i>	<i>Text</i>	<i>776-795</i>	<i>Group number of insurance coverage. Not required. Populate with spaces if not available.</i>
<i>Insurer Policy Number</i>	<i>17</i>	<i>Text</i>	<i>796-812</i>	<i>Policy number of insurance coverage. Not required. Populate with spaces if not available.</i>
<i>Subscriber First Name</i>	<i>15</i>	<i>Text</i>	<i>813-827</i>	<i>First name of individual covered by this insurance. Not required. Populate with spaces if not available.</i>
<i>Subscriber Initial</i>	<i>1</i>	<i>Alpha</i>	<i>828</i>	<i>Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available.</i>
<i>Subscriber Last Name</i>	<i>24</i>	<i>Text</i>	<i>829-852</i>	<i>Last name of individual covered by this insurance. Not required. Populate with spaces if not available.</i>
<i>PHP Date</i>	<i>8</i>	<i>Date</i>	<i>853-860</i>	<i>Pre-paid Health Plan date in CCYYMMDD format. Not required. Populate with zeros if not available.</i>
<i>Remarks Code 1</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>861-862</i>	<i>Two-character CWF remark code explaining reason for transaction. See Appendix A for a list of remark codes. Not required. Populate with spaces if not available.</i>
<i>Remarks Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>863-864</i>	<i>Two-character CWF remark code explaining reason for transaction. See Appendix A for a list of remark codes. Not required. Populate with spaces if not available..</i>
<i>Remarks Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>865-866</i>	<i>Two-character CWF remark code explaining reason for transaction. See Appendix A for a list of remark codes. Not required. Populate with spaces if not available.</i>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Diagnosis Code 1</i>	<i>5</i>	<i>Text</i>	<i>867-871</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.</i>
<i>Diagnosis Code 2</i>	<i>5</i>	<i>Text</i>	<i>872-876</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.</i>
<i>Diagnosis Code 3</i>	<i>5</i>	<i>Text</i>	<i>877-881</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.</i>
<i>Diagnosis Code 4</i>	<i>5</i>	<i>Text</i>	<i>882-886</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.</i>
<i>Diagnosis Code 5</i>	<i>5</i>	<i>Text</i>	<i>887-891</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.</i>
<i>Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>892-899</i>	<i>ID of operator entering trans comments. Not required. Populate with spaces if not available.</i>
<i>Trans Comments</i>	<i>180</i>	<i>Text</i>	<i>900-1079</i>	<i>Comments. Not required. Populate with spaces if not available.</i>
<i>Filler</i>	<i>188</i>	<i>Filler</i>	<i>1080 - 1267</i>	<i>Unused field – fill with spaces</i>

CWF Assistance Request Header Response Record Layout

CWF Assistance Request Header Response Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Header Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Value 'H0'</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>Prescription Drug Provider ID</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>Contractor number</i>
<i>File Type</i>	3	<i>Alpha</i>	12-14	<i>Value 'CWF'</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>CCYYMMDD</i>
<i>Filler</i>	1245	<i>Filler</i>	23-1267	<i>Unused Field – fill with spaces</i>
<i>Error Code 1</i>	4	<i>Alpha</i>	1268-1271	<i>Error code describing reason why file was rejected.</i> <i>Values:</i> <i>HE01 – Invalid Header Indicator</i> <i>HE02 – Invalid PDP ID</i> <i>HE03 – Invalid Contractor Number</i> <i>HE04 – Invalid File Type</i> <i>HE05 – Invalid File Date</i> <i>HE06 – Invalid Submitter Type</i>
<i>Error Code 2</i>	4	<i>Alpha</i>	1272-1275	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	4	<i>Alpha</i>	1276-1279	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	4	<i>Alpha</i>	1280-1283	<i>Error code describing reason why file was rejected.</i>
<i>Trailer Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Value 'T0'.</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>Prescription Drug Provider ID</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>Contractor number</i>
<i>File Type</i>	3	<i>Alpha-Numeric</i>	12-14	<i>Value 'CWF'</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>CCYYMMDD</i>
<i>Record Count</i>	9	<i>Numeric</i>	23-31	<i>Number of records on file.</i>
<i>Filler</i>	1252	<i>Filler</i>	32-1283	<i>Unused Field – fill with spaces</i>

CWF Assistance Request Response Record Layout

CWF Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Transaction type</i>	<i>4</i>	<i>Alpha</i>	<i>1 – 4</i>	<i>PE00</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>5-9</i>	<i>PE01</i>
<i>DCN</i>	<i>15</i>	<i>Text</i>	<i>10-24</i>	<i>PE02</i>
<i>Tran Type Code</i>	<i>1</i>	<i>Alpha</i>	<i>25</i>	<i>PE03</i>
<i>Trans Seq No</i>	<i>3</i>	<i>Numeric</i>	<i>26-28</i>	<i>PE04</i>
<i>Update Operator ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>29-36</i>	<i>PE06</i>
<i>Contractor Name</i>	<i>25</i>	<i>Text</i>	<i>37-61</i>	<i>PE07.</i>
<i>Contractor Phone</i>	<i>10</i>	<i>Numeric</i>	<i>62-71</i>	<i>PE08.</i>
<i>Tran Stat Cd</i>	<i>2</i>	<i>Alpha</i>	<i>72-73</i>	<i>Status code returned from ECRS</i>
<i>Tran Reason Cd</i>	<i>2</i>	<i>Numeric</i>	<i>74-75</i>	<i>Reason code returned from ECRS</i>
<i>Trans Action Code 1</i>	<i>2</i>	<i>Alpha</i>	<i>76-77</i>	<i>PE92</i>
<i>Trans Action Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>78-79</i>	<i>PE93</i>
<i>Trans Action Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>80-81</i>	<i>PE94</i>
<i>Trans Action Code 4</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>82-83</i>	<i>PE95</i>
<i>Activity Code</i>	<i>1</i>	<i>Alpha</i>	<i>84</i>	<i>PE61</i>
<i>Develop to</i>	<i>1</i>	<i>Alpha</i>	<i>85</i>	<i>PE0C</i>
<i>RSP</i>	<i>1</i>	<i>Alpha</i>	<i>86</i>	<i>PE66</i>
<i>Trans Source Cd</i>	<i>4</i>	<i>Alpha</i>	<i>87-90</i>	<i>PE05</i>
<i>HIC Number</i>	<i>12</i>	<i>Alpha-Numeric</i>	<i>91-102</i>	<i>PE09</i>
<i>Beneficiary's Social Security Number</i>	<i>9</i>	<i>Numeric</i>	<i>103-111</i>	<i>PE10</i>
<i>Beneficiary's Date of Birth</i>	<i>8</i>	<i>Date</i>	<i>112-119</i>	<i>PE11</i>
<i>Beneficiary's Sex Code</i>	<i>1</i>	<i>Numeric</i>	<i>120</i>	<i>None</i>
<i>Beneficiary's First Name</i>	<i>15</i>	<i>Text</i>	<i>121-135</i>	<i>PE12</i>
<i>Beneficiary's Initial</i>	<i>1</i>	<i>Alpha</i>	<i>136</i>	<i>PE13</i>
<i>Beneficiary's Last Name</i>	<i>24</i>	<i>Text</i>	<i>137-160</i>	<i>PE14</i>

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CWF Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Patient Relationship</i>	2	<i>Numeric</i>	<i>161-162</i>	<i>None</i>
<i>MSP Type</i>	1	<i>Alpha</i>	<i>163</i>	<i>PE39</i>
<i>MSP Effective Date</i>	8	<i>Date</i>	<i>164-171</i>	<i>PE67</i>
<i>MSP Term Date</i>	8	<i>Date</i>	<i>172-179</i>	<i>PE68</i>
<i>MSP Aux Number</i>	3	<i>Numeric</i>	<i>180-182</i>	<i>PE87</i>
<i>MSP Accretion Date</i>	8	<i>Date</i>	<i>183-190</i>	<i>PE88</i>
<i>Originating Contractor</i>	5	<i>Alpha-Numeric</i>	<i>191-195</i>	<i>PE96</i>
<i>Change Lead To</i>	5	<i>Alpha-Numeric</i>	<i>196-200</i>	<i>PE0D</i>
<i>Send Venue Letter</i>	1	<i>Alpha</i>	<i>201</i>	<i>None</i>
<i>Beneficiary's Address 1</i>	32	<i>Text</i>	<i>202-233</i>	<i>PE15</i>
<i>Beneficiary's Address 2</i>	32	<i>Text</i>	<i>234-265</i>	<i>PE16</i>
<i>Beneficiary's City</i>	15	<i>Text</i>	<i>266-280</i>	<i>PE17</i>
<i>Beneficiary's State</i>	2	<i>Alpha</i>	<i>281-282</i>	<i>PE18</i>
<i>Beneficiary's Zip Code</i>	9	<i>Numeric</i>	<i>283-291</i>	<i>PE19</i>
<i>Beneficiary's Phone</i>	10	<i>Numeric</i>	<i>292-301</i>	<i>PE20</i>
<i>Check Date</i>	8	<i>Numeric</i>	<i>302-309</i>	<i>PE98</i>
<i>Check Amount</i>	15	<i>Alpha</i>	<i>310-324</i>	<i>PE99</i>
<i>Check Number</i>	15	<i>Alpha</i>	<i>325-339</i>	<i>PE0A</i>
<i>Informant's First Name</i>	15	<i>Text</i>	<i>340-354</i>	<i>PE21</i>
<i>Informant's Middle Initial</i>	1	<i>Alpha</i>	<i>355</i>	<i>PE22</i>
<i>Informant's Last Name</i>	24	<i>Text</i>	<i>356-379</i>	<i>PE23</i>
<i>Informant's Phone</i>	10	<i>Numeric</i>	<i>380-389</i>	<i>PE29</i>
<i>Informant's Address 1</i>	32	<i>Text</i>	<i>390-421</i>	<i>PE24</i>
<i>Informant's Address 2</i>	32	<i>Text</i>	<i>422-453</i>	<i>PE25</i>
<i>Informant's City</i>	15	<i>Text</i>	<i>454-468</i>	<i>PE26</i>
<i>Informant's State</i>	2	<i>Alpha</i>	<i>469-470</i>	<i>PE27</i>
<i>Informant's Zip Code</i>	9	<i>Numeric</i>	<i>471-479</i>	<i>PE28</i>
<i>Informant's Relationship Code</i>	1	<i>Alpha</i>	<i>480</i>	<i>None</i>
<i>Employer's Name</i>	32	<i>Text</i>	<i>481-512</i>	<i>PE30</i>

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<i>CFW Assistance Request Response Record Layout</i>				
<i>Data Field</i>	<i>Length</i>	<i>Type</i>	<i>Displacement</i>	<i>Error Code if Invalid Data</i>
<i>Employer EIN</i>	<i>18</i>	<i>Text</i>	<i>513-530</i>	<i>PE37</i>
<i>Employer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>531-562</i>	<i>PE31</i>
<i>Employer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>563-594</i>	<i>PE32</i>
<i>Employer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>595-604</i>	<i>PE36</i>
<i>Employer's City</i>	<i>15</i>	<i>Text</i>	<i>605-619</i>	<i>PE33</i>
<i>Employer's State</i>	<i>2</i>	<i>Alpha</i>	<i>620-621</i>	<i>PE34</i>
<i>Employer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>622-630</i>	<i>PE35</i>
<i>Employee No</i>	<i>12</i>	<i>Text</i>	<i>631-642</i>	<i>PE38</i>
<i>Insurer's name</i>	<i>32</i>	<i>Text</i>	<i>643-674</i>	<i>PE42</i>
<i>Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>675</i>	<i>None</i>
<i>Insurer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>676-707</i>	<i>PE43</i>
<i>Insurer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>708-739</i>	<i>PE44</i>
<i>Insurer's City</i>	<i>15</i>	<i>Text</i>	<i>740-754</i>	<i>PE45</i>
<i>Insurer's State</i>	<i>2</i>	<i>Alpha</i>	<i>755-756</i>	<i>PE46</i>
<i>Insurer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>757-765</i>	<i>PE47</i>
<i>Insurer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>766-775</i>	<i>PE0B</i>
<i>Insurer Group Number</i>	<i>20</i>	<i>Text</i>	<i>776-795</i>	<i>PE62</i>
<i>Insurer Policy Number</i>	<i>17</i>	<i>Text</i>	<i>796-812</i>	<i>PE63</i>
<i>Subscriber First Name</i>	<i>15</i>	<i>Text</i>	<i>813-827</i>	<i>PE58</i>
<i>Subscriber Initial</i>	<i>1</i>	<i>Alpha</i>	<i>828</i>	<i>PE59</i>
<i>Subscriber Last Name</i>	<i>24</i>	<i>Text</i>	<i>829-852</i>	<i>PE60</i>
<i>PHP Date</i>	<i>8</i>	<i>Date</i>	<i>853-860</i>	<i>PE97</i>
<i>Remarks Code 1</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>861-862</i>	<i>PE89</i>
<i>Remarks Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>863-864</i>	<i>PE90</i>
<i>Remarks Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>865-866</i>	<i>PE91</i>
<i>Diagnosis Code 1</i>	<i>5</i>	<i>Text</i>	<i>867-871</i>	<i>PE69</i>
<i>Diagnosis Code 2</i>	<i>5</i>	<i>Text</i>	<i>872-876</i>	<i>PE70</i>
<i>Diagnosis Code 3</i>	<i>5</i>	<i>Text</i>	<i>877-881</i>	<i>PE71</i>
<i>Diagnosis Code 4</i>	<i>5</i>	<i>Text</i>	<i>882-886</i>	<i>PE72</i>
<i>Diagnosis Code 5</i>	<i>5</i>	<i>Text</i>	<i>887-891</i>	<i>PE73</i>
<i>Submitter Type</i>	<i>1</i>	<i>Alpha</i>	<i>892</i>	<i>HE06</i>
<i>Filler</i>	<i>187</i>	<i>Filler</i>	<i>893-1079</i>	<i>Filler</i>

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<i>CFW Assistance Request Response Record Layout</i>				
<i>Data Field</i>	<i>Length</i>	<i>Type</i>	<i>Displacement</i>	<i>Error Code if Invalid Data</i>
<i>COB Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>1080-1087</i>	<i>PE57</i>
<i>COB Comment</i>	<i>180</i>	<i>Text</i>	<i>1088-1267</i>	<i>PE56</i>
<i>Error Code 1</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1268-1271</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1272-1275</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1276-1279</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1280-1283</i>	<i>Error code describing reason why file was rejected.</i>

MSP Inquiry File Layouts

MSP Inquiry Header and Trailer Record Layout

MSP Inquiry Header and Trailer Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Header Indicator</i>	2	Alpha-Numeric	1-2	<i>Header Record Type Indicator (Indicates a Header record) Set to 'H0'. Required</i>
<i>PDP ID</i>	4	Numeric	3-6	<i>ID number assigned by COBC. Populate with Spaces</i>
<i>Contractor Number</i>	5	Alpha-Numeric	7-11	<i>Part D Plan Contractor number Required</i>
<i>File Type</i>	3	Alpha	12-14	<i>Type of File Set to 'MSP' – MSP Inquiry File Required</i>
<i>File Date</i>	8	Date	15-22	<i>Date File Created in CCYYMMDD format Required</i>
<i>Submitter Type</i>	1	Alpha-Numeric	23	<i>Part C/D Contractor Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code of HE06.</i>
<i>Filler</i>	1244	Filler	24-1267	<i>Unused Field – Populate with spaces</i>
<i>Trailer Indicator</i>	2	Alpha-Numeric	1-2	<i>Trailer Record Type Indicator Set to 'T0'. Required</i>
<i>PDP ID</i>	4	Numeric	3-6	<i>ID number assigned by COBC. Populate with Spaces</i>
<i>Contractor Number</i>	5	Alpha-Numeric	7-11	<i>Part D Plan Contractor number Required</i>
<i>File Type</i>	3	Alpha-Numeric	12-14	<i>Type of File Set to 'MSP' – MSP Inquiry File Required</i>
<i>File Date</i>	8	Date	15-22	<i>Date File Created in CCYYMMDD format Required</i>
<i>Record Count</i>	9	Numeric	23-31	<i>Number of Prescription Drug Inquiry Records in file</i>

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<i>MSP Inquiry Header and Trailer Record Layout</i>				
<i>Data Field</i>	<i>Length</i>	<i>Type</i>	<i>Displacement</i>	<i>Edits</i>
				<i>Required</i>
<i>Filler</i>	<i>1236</i>	<i>Filler</i>	<i>32-1267</i>	<i>Unused Field – Populate with spaces</i>

MSP Inquiry Record Layout

MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Transaction type</i>	<i>4</i>	<i>Alpha</i>	<i>1 – 4</i>	<i>Type of Record Set to 'ECRS' Required</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>5-9</i>	<i>Part D Plan Contractor number Required</i>
<i>DCN</i>	<i>15</i>	<i>Text</i>	<i>10-24</i>	<i>Document Control Number; assigned by the Part D Plan. Required. Each record shall have a unique DCN.</i>
<i>Tran Type Code</i>	<i>1</i>	<i>Alpha</i>	<i>25</i>	<i>Transaction Type Indicator Set to 'I' for MSP Inquiry Required</i>
<i>Trans Seq No</i>	<i>3</i>	<i>Numeric</i>	<i>26-28</i>	<i>Sequence Number assigned by COB. Internal use only. Populate with spaces.</i>
<i>Update Operator ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>29-36</i>	<i>ID of user making update. Not required</i>
<i>Contractor Name</i>	<i>25</i>	<i>Text</i>	<i>37-61</i>	<i>Contractor name Not required</i>
<i>Contractor Phone</i>	<i>10</i>	<i>Numeric</i>	<i>62-71</i>	<i>Contractor Phone Number Not required</i>
<i>Tran Stat Cd</i>	<i>2</i>	<i>Alpha</i>	<i>72-73</i>	<i>Status Code Set to 'NW' for New</i>
<i>Tran Reason Cd</i>	<i>2</i>	<i>Numeric</i>	<i>74-75</i>	<i>Reason Set to '01' for New</i>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Trans Action Code 1</i>	<i>2</i>	<i>Alpha</i>	<i>76-77</i>	<p><i>Action Code 1</i></p> <p><i>Valid values are:</i></p> <p><i>CA = CMS Grouping Code</i></p> <p><i>CL = Closed or settled case</i></p> <p><i>DE = Develop to employer or for employer info</i></p> <p><i>DI = Develop to insurer or for insurer info</i></p> <p><i>SC = Suppress confirmation letter</i></p> <p><i>SL = Suppress lead contractor assignment</i></p> <p><i>SR = Suppress right of recovery letters</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Trans Action Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>78-79</i>	<p><i>Action Code 2</i></p> <p><i>Valid values same as Trans Action Code 1.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Trans Action Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>80-81</i>	<p><i>Action Code 3</i></p> <p><i>Valid values same as Trans Action Code 1.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Trans Action Code 4</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>82-83</i>	<p><i>Action Code 4</i></p> <p><i>Valid values same as Trans Action Code 1.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Activity Code</i>	<i>1</i>	<i>Alpha</i>	<i>84</i>	<p><i>Activity of Contractor.</i></p> <p><i>Valid values are:</i></p> <p><i>C = Claims (Prepayment) - 22001</i></p> <p><i>N = Liability, No-Fault, WC, and FTCA - 42002</i></p> <p><i>G = Group Health Plan - 42003</i></p> <p><i>I = General Inquiry - 42004</i></p> <p><i>D = Debt Collection - 42021</i></p> <p><i>Required.</i></p>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>First Development</i>	<i>1</i>	<i>Alpha</i>	<i>85</i>	<p><i>Development source code indicating where initial development letter was sent.</i></p> <p><i>Valid values are:</i></p> <ul style="list-style-type: none"> <i>A = Attorney</i> <i>B = Beneficiary</i> <i>E = Employer</i> <i>I = Insurer</i> <i>P = Provider</i> <i>R = Beneficiary Representative (other than attorney)</i> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Second Development</i>	<i>1</i>	<i>Alpha</i>	<i>86</i>	<p><i>Development source code indicating where subsequent development letter was sent.</i></p> <p><i>Valid values are:</i></p> <ul style="list-style-type: none"> <i>A = Attorney</i> <i>B = Beneficiary</i> <i>E = Employer</i> <i>I = Insurer</i> <i>P = Provider</i> <i>R = Beneficiary Representative (other than attorney)</i> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>RSP</i>	<i>1</i>	<i>Alpha</i>	<i>87</i>	<p><i>Development response indicator.</i></p> <p><i>Valid values are:</i></p> <ul style="list-style-type: none"> <i>A = Attorney</i> <i>B = Beneficiary</i> <i>E = Employer</i> <i>I = Insurer</i> <i>P = Provider</i> <i>R = Beneficiary Representative</i> <p><i>Not required. Populate with spaces if not available.</i></p>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Trans Source Cd</i>	<i>4</i>	<i>Alpha</i>	<i>88-91</i>	<p><i>Four-character code identifying source of MSP inquiry information.</i></p> <p><i>Valid values are:</i></p> <p><i>CHEK = Unsolicited check</i></p> <p><i>LTTR = Letter</i></p> <p><i>PHON = Phone call</i></p> <p><i>SCLM = Claim submitted to Medicare contractor for secondary payment</i></p> <p><i>SRVY = Survey</i></p> <p><i>CLAM = Claim</i></p> <p><i>DMCH = Datamatch (RAC only)</i></p> <p><i>OTHR = Other (RAC only)</i></p> <p><i>Required.</i></p>
<i>HIC Number</i>	<i>12</i>	<i>Alpha-Numeric</i>	<i>92-103</i>	<p><i>Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.</i></p> <p><i>Required if SSN is not entered.</i></p>
<i>Beneficiary's Social Security Number</i>	<i>9</i>	<i>Numeric</i>	<i>104-112</i>	<p><i>Beneficiary's Social Security Number</i></p> <p><i>Required if HIC Number not entered.</i></p>
<i>Beneficiary's Date of Birth</i>	<i>8</i>	<i>Date</i>	<i>113-120</i>	<p><i>Beneficiary's Date of Birth in CCYYMMDD format</i></p> <p><i>Required</i></p>
<i>Beneficiary's Sex Code</i>	<i>1</i>	<i>Alpha</i>	<i>121</i>	<p><i>Sex of beneficiary</i></p> <p><i>Valid values are:</i></p> <p><i>U = Unknown</i></p> <p><i>M = Male</i></p> <p><i>F = Female</i></p> <p><i>Required. Default to U if unavailable.</i></p>
<i>Beneficiary's First Name</i>	<i>15</i>	<i>Text</i>	<i>122-136</i>	<p><i>Beneficiary's First Name</i></p> <p><i>Required</i></p>
<i>Beneficiary's Initial</i>	<i>1</i>	<i>Alpha</i>	<i>137</i>	<p><i>Beneficiary's Middle Initial</i></p> <p><i>Not required</i></p>
<i>Beneficiary's Last Name</i>	<i>24</i>	<i>Text</i>	<i>138-161</i>	<p><i>Beneficiary's Last Name</i></p> <p><i>Required</i></p>

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MSP Inquiry Record Layout														
Data Field	Length	Type	Displacement	Description										
<i>Patient Relationship</i>	2	<i>Numeric</i>	162-163	<p><i>Patient Relationship between policyholder and patient.</i></p> <p><i>Valid values are:</i></p> <p><i>01 = Patient is policy holder</i></p> <p><i>02 = Spouse</i></p> <p><i>03 = Natural child, insured has financial responsibility</i></p> <p><i>04 = Natural child, insured does not have financial responsibility</i></p> <p><i>05 = Stepchild</i></p> <p><i>06 = Foster child</i></p> <p><i>07 = Ward of the Court</i></p> <p><i>08 = Employee</i></p> <p><i>09 = Unknown</i></p> <p><i>10 = Handicapped dependent</i></p> <p><i>11 = Organ donor</i></p> <p><i>12 = Cadaver donor</i></p> <p><i>13 = Grandchild</i></p> <p><i>14 = Niece/nephew</i></p> <p><i>15 = Injured plaintiff</i></p> <p><i>16 = Sponsored dependent</i></p> <p><i>17 = Minor dependent of a minor dependent</i></p> <p><i>18 = Parent</i></p> <p><i>19 = Grandparent dependent</i></p> <p><i>20 = Domestic partner (Effective April, 2004.)</i></p> <p><i>Not required. Populate with zeros if not available</i></p> <p><i>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><i>MSP Type</i></td> <td style="width: 85%;"><i>Patient Relationship Code</i></td> </tr> <tr> <td colspan="2" style="border-top: 1px dashed black;"></td> </tr> <tr> <td><i>A</i></td> <td><i>01, 02</i></td> </tr> <tr> <td><i>B</i></td> <td><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> <tr> <td><i>G</i></td> <td><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> </table>	<i>MSP Type</i>	<i>Patient Relationship Code</i>			<i>A</i>	<i>01, 02</i>	<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>	<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>
<i>MSP Type</i>	<i>Patient Relationship Code</i>													
<i>A</i>	<i>01, 02</i>													
<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													
<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>164</i>	<p><i>One-character code identifying type of MSP coverage.</i></p> <p><i>Valid values are:</i></p> <p><i>A = Working Aged</i></p> <p><i>B = ESRD</i></p> <p><i>C = Conditional Payment</i></p> <p><i>D = Automobile Insurance</i></p> <p><i>E = Workers Compensation</i></p> <p><i>F = Federal (Public)</i></p> <p><i>G = Disabled</i></p> <p><i>H = Black Lung</i></p> <p><i>I = Veterans</i></p> <p><i>L = Liability</i></p> <p><i>W = Workers Compensation Set-Aside Required.</i></p>
<i>MSP Effective Date</i>	<i>8</i>	<i>Date</i>	<i>165-172</i>	<p><i>Effective date of MSP coverage in CCYYMMDD format, cannot equal termination date.</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>MSP Term Date</i>	<i>8</i>	<i>Date</i>	<i>173-180</i>	<p><i>Termination date of MSP coverage in CCYYMMDD format. Cannot equal termination date.</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>Send CWF</i>	<i>1</i>	<i>Alpha</i>	<i>181</i>	<p><i>Indicates whether to send MSP inquiry to CWF. Valid values are:</i></p> <p><i>Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a protected field)</i></p> <p><i>N Do not send to CWF</i></p> <p><i>For EGHP MSP Types:</i></p> <p><i>In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record.</i></p>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>CMS Grouping Code</i>	<i>2</i>	<i>Alpha</i>	<i>182-183</i>	<i>CMS Grouping Code</i> <i>01 = Gel Implants (Trailblazers, 00400)</i> <i>02 = Gel Implants (Alabama, 00010)</i> <i>03 = Bone screw recoveries</i> <i>04 = Diet drug recoveries</i> <i>05 = Sulzer Inter-op Acetabular shells for hip implant recoveries</i> <i>06 = Sulzer orthopedic and defective knee replacement recoveries</i> <i>07 = Baycol litigation use beneficiary state logic for lead assignment</i> <i>08 = Dexatrim (90000)</i> <i>09 = Rhode Island receivership recoveries (00180)</i> <i>10 = Propulsid (00010)</i> <i>11 = Asbestos Exposure</i> <i>Not required. Populate with spaces if not available.</i>
<i>Beneficiary's Address 1</i>	<i>32</i>	<i>Text</i>	<i>184-215</i>	<i>Beneficiary's Address 1</i> <i>Not required. Populate with spaces if not available.</i>
<i>Beneficiary's Address 2</i>	<i>32</i>	<i>Text</i>	<i>216-247</i>	<i>Beneficiary's Address 2</i> <i>Not required. Populate with spaces if not available</i>
<i>Beneficiary's City</i>	<i>15</i>	<i>Text</i>	<i>248-262</i>	<i>Beneficiary's City</i> <i>Not required. Populate with spaces if not available.</i>
<i>Beneficiary's State</i>	<i>2</i>	<i>Alpha</i>	<i>263-264</i>	<i>Beneficiary's State</i> <i>Not required. Populate with spaces if not available.</i>
<i>Beneficiary's Zip Code</i>	<i>9</i>	<i>Numeric</i>	<i>265-273</i>	<i>Beneficiary's Zip Code</i> <i>Not required. Populate with spaces if not available</i>
<i>Beneficiary's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>274-283</i>	<i>No edits other than data type edits. If not valid, drop the record with edit code 'PE20'.</i>
<i>Check Date</i>	<i>8</i>	<i>Numeric</i>	<i>284-291</i>	<i>Date of check in CCYYMMDD format.</i> <i>Required if Source is CHEK</i>
<i>Check Amount</i>	<i>15</i>	<i>Alpha</i>	<i>292-306</i>	<i>Amount of check in \$999,999,999.99 format.</i> <i>Required if Source is CHEK</i>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Check Number</i>	<i>15</i>	<i>Alpha</i>	<i>307-321</i>	<i>Check Number Required if Source is CHEK</i>
<i>Informant's First Name</i>	<i>15</i>	<i>Text</i>	<i>322-336</i>	<i>Informant's First Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i>
<i>Informant's Middle Initial</i>	<i>1</i>	<i>Alpha</i>	<i>337</i>	<i>Informant's Middle Initial Not required. Populate with spaces if not available.</i>
<i>Informant's Last Name</i>	<i>24</i>	<i>Text</i>	<i>338-361</i>	<i>Informant's Last Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes..</i>
<i>Informant's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>362-371</i>	<i>Informant's Phone Number Not required. Populate with zeros if not available.</i>
<i>Informant's Address 1</i>	<i>32</i>	<i>Text</i>	<i>372-403</i>	<i>Informant's Address 1 Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i>
<i>Informant's Address 2</i>	<i>32</i>	<i>Text</i>	<i>404-435</i>	<i>Informant's Address 2 Not required. Populate with spaces if not available.</i>
<i>Informant's City</i>	<i>15</i>	<i>Text</i>	<i>436-450</i>	<i>Informant's City Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Informant's State</i>	<i>2</i>	<i>Alpha</i>	<i>451-452</i>	<p><i>Informant's State</i></p> <p><i>Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>
<i>Informant's Zip Code</i>	<i>9</i>	<i>Numeric</i>	<i>453-461</i>	<p><i>Informant's Zip</i></p> <p><i>Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>462</i>	<p><i>Relationship of informant to beneficiary.</i></p> <p><i>Valid values are:</i></p> <ul style="list-style-type: none"> <i>A = Attorney representing beneficiary</i> <i>B = Beneficiary</i> <i>C = Child</i> <i>D = Defendant's attorney</i> <i>E = Employer</i> <i>F = Father</i> <i>I = Insurer</i> <i>M = Mother</i> <i>N = Non-relative</i> <i>O = Other relative</i> <i>P = Provider</i> <i>R = Beneficiary representative other than attorney</i> <i>S = Spouse</i> <i>U = Unknown</i> <p><i>Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Employer's Name</i>	<i>32</i>	<i>Text</i>	<i>463-494</i>	<i>Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer EIN</i>	<i>18</i>	<i>Text</i>	<i>495-512</i>	<i>Employer's EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>513-544</i>	<i>Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>545-576</i>	<i>Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>577-586</i>	<i>Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's City</i>	<i>15</i>	<i>Text</i>	<i>587-601</i>	<i>Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's State</i>	<i>2</i>	<i>Alpha</i>	<i>602-603</i>	<i>Employer's Zip Code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>604-612</i>	<i>Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employee No</i>	<i>12</i>	<i>Text</i>	<i>613-624</i>	<i>Policyholder's Employee Number Not required. Populate with spaces if not available.</i>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Insurer's name</i>	<i>32</i>	<i>Text</i>	<i>625-656</i>	<p><i>Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>
<i>Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>657</i>	<p><i>Type of Insurance</i></p> <p><i>Valid values are:</i></p> <p><i>A = Insurance or Indemnity (Other Types)</i></p> <p><i>B = Group Health Organization (GHO)</i></p> <p><i>C = Preferred Provider Organization</i></p> <p><i>D = TPA/ASO</i></p> <p><i>E = Stop Loss TPA</i></p> <p><i>F = Self-insured/Self-Administered (Self-Insured)</i></p> <p><i>G = Collectively-bargained Health and Welfare Fund</i></p> <p><i>H = Multiple Employer Health Plan with more than 100 employees.</i></p> <p><i>I = Multiple Employer Health Plan with more than 10 employees.</i></p> <p><i>J = Hospitalization only plan covering inpatient hospital</i></p> <p><i>K = Medical Service only plan covering non-inpatient medical</i></p> <p><i>M = Medicare Supplement Plan</i></p> <p><i>U = Unknown</i></p> <p><i>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Insurer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>658-689</i>	<p><i>Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>
<i>Insurer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>690-721</i>	<p><i>Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Not required.</i></p>
<i>Insurer's City</i>	<i>15</i>	<i>Text</i>	<i>722-736</i>	<p><i>City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>
<i>Insurer's State</i>	<i>2</i>	<i>Alpha</i>	<i>737-738</i>	<p><i>State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>
<i>Insurer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>739-747</i>	<p><i>Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available.</i></p> <p><i>* Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i></p>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Insurer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>748-757</i>	<i>Insurer's Phone Number Not required. Populate with zeros if not available.</i>
<i>Insurer Group Number</i>	<i>20</i>	<i>Text</i>	<i>758-777</i>	<i>Group number of insurance coverage. Not required. Populate with spaces if not available.</i>
<i>Insurer Policy Number</i>	<i>17</i>	<i>Text</i>	<i>778-794</i>	<i>Policy number of insurance coverage. Not required. Populate with spaces if not available.</i>
<i>Subscriber First Name</i>	<i>15</i>	<i>Text</i>	<i>795-809</i>	<i>First Name of individual covered by this insurance. Not required. Populate with spaces if not available.</i>
<i>Subscriber Initial</i>	<i>1</i>	<i>Alpha</i>	<i>810</i>	<i>Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available</i>
<i>Subscriber Last Name</i>	<i>24</i>	<i>Text</i>	<i>811-834</i>	<i>Last Name of individual covered by this insurance. Not required. Populate with spaces if not available</i>
<i>Subscriber Social Security Number</i>	<i>9</i>	<i>Numeric</i>	<i>835-843</i>	<i>Social Security Number of the policy holder/subscriber Required</i>
<i>Diagnosis Code 1</i>	<i>5</i>	<i>Text</i>	<i>844-848</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence. Required if Action code is CA, CL, SC, SL, or SR. Populate with spaces if not available. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes.</i>
<i>Diagnosis Code 2</i>	<i>5</i>	<i>Text</i>	<i>849-853</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence. Not required</i>
<i>Diagnosis Code 3</i>	<i>5</i>	<i>Text</i>	<i>854-858</i>	<i>No edits other than data type edits. If not valid, drop the record with edit code 'PE71'. Five-digit diagnosis code that applies to this MSP occurrence. Not required</i>
<i>Diagnosis Code 4</i>	<i>5</i>	<i>Text</i>	<i>859-863</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence. Not required</i>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Diagnosis Code 5</i>	<i>5</i>	<i>Text</i>	<i>864-868</i>	<i>Five-digit diagnosis code that applies to this MSP occurrence. Not required</i>
<i>Illness/Injury Date</i>	<i>8</i>	<i>Date</i>	<i>869-876</i>	<i>Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in CCYYMMDD format) Not required. Populate with zeros if not available.</i>
<i>Illness/Injury Description</i>	<i>64</i>	<i>Text</i>	<i>877-940</i>	<i>Description of illness or injury for workers' compensation, automobile, or liability coverage. Not required. Populate with zeros if not available.</i>
<i>Representative Name</i>	<i>32</i>	<i>Text</i>	<i>941-972</i>	<i>Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format. Not required. Populate with spaces when not available.</i>
<i>Representative Address 1</i>	<i>32</i>	<i>Text</i>	<i>973-1004</i>	<i>Representative's Street address 1. Not required. Populate with spaces when not available.</i>
<i>Representative Address 2</i>	<i>32</i>	<i>Text</i>	<i>1005-1036</i>	<i>Representative's Street address 2. Not required. Populate with spaces when not available.</i>
<i>Representative City</i>	<i>15</i>	<i>Text</i>	<i>1037-1051</i>	<i>Representative's City Not required. Populate with spaces when not available.</i>
<i>Representative State</i>	<i>2</i>	<i>Alpha</i>	<i>1052-1053</i>	<i>Representative's Street address 2. Not required. Populate with spaces when not available.</i>
<i>Representative Zip</i>	<i>9</i>	<i>Numeric</i>	<i>1054-1062</i>	<i>Representative's Zip Code. Not required. Populate with spaces when not available.</i>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Representative Type</i>	<i>1</i>	<i>Alpha</i>	<i>1063</i>	<p><i>Type of relationship between beneficiary and his/her representative.</i></p> <p><i>Valid values are:</i></p> <p><i>A = Attorney</i></p> <p><i>R = Representative not acting as an attorney</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Dialysis Train Date</i>	<i>8</i>	<i>Date</i>	<i>1064-1071</i>	<p><i>Date beneficiary received self-dialysis training (in CCYYMMDD format)</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>Black Lung Indicator</i>	<i>1</i>	<i>Alpha</i>	<i>1072</i>	<p><i>One-character code indicating whether beneficiary receives benefits under the Black Lung Program.</i></p> <p><i>Valid values are:</i></p> <p><i>Y = Yes</i></p> <p><i>N = No</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Black Lung Effective Date</i>	<i>8</i>	<i>Date</i>	<i>1073-1080</i>	<p><i>Date beneficiary began receiving benefits under the Black Lung Program in CCYYMMDD format.</i></p> <p><i>Not required. Populate with zeros if not available.</i></p>
<i>Filler</i>	<i>187</i>	<i>Filler</i>	<i>1081-1267</i>	<i>Unused Field – fill with spaces</i>

MSP Inquiry Header Response Record Layout

<i>MSP Inquiry Header Response Record Layout</i>				
<i>Data Field</i>	<i>Length</i>	<i>Type</i>	<i>Displacement</i>	<i>Edits</i>
<i>Header Indicator</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>1-2</i>	<i>HE01</i>
<i>PDP ID</i>	<i>4</i>	<i>Numeric</i>	<i>3-6</i>	<i>HE02</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>7-11</i>	<i>If not valid contractor number, drop file with error code of HE03.</i>
<i>File Type</i>	<i>3</i>	<i>Alpha</i>	<i>12-14</i>	<i>HE04.</i>
<i>File Date</i>	<i>8</i>	<i>Date</i>	<i>15-22</i>	<i>HE05.</i>
<i>Filler</i>	<i>1245</i>	<i>Filler</i>	<i>23-1267</i>	<i>Unused Field – fill with spaces</i>
<i>Error Code 1</i>	<i>4</i>	<i>Alpha</i>	<i>1268-1271</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	<i>4</i>	<i>Alpha</i>	<i>1272-1275</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	<i>4</i>	<i>Alpha</i>	<i>1276-1279</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	<i>4</i>	<i>Alpha</i>	<i>1280-1283</i>	<i>Error code describing reason why file was rejected.</i>

MSP Inquiry Response Record Layout

MSP Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Transaction type</i>	<i>4</i>	<i>Alpha</i>	<i>1 – 4</i>	<i>PE00</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>5-9</i>	<i>PE01</i>
<i>DCN</i>	<i>15</i>	<i>Text</i>	<i>10-24</i>	<i>PE02</i>
<i>Tran Type Code</i>	<i>1</i>	<i>Alpha</i>	<i>25</i>	<i>PE03</i>
<i>Trans Seq No</i>	<i>3</i>	<i>Numeric</i>	<i>26-28</i>	<i>PE04</i>
<i>Update Operator ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>29-36</i>	<i>PE06</i>
<i>Contractor Name</i>	<i>25</i>	<i>Text</i>	<i>37-61</i>	<i>PE07</i>
<i>Contractor Phone</i>	<i>10</i>	<i>Numeric</i>	<i>62-71</i>	<i>PE08</i>
<i>Tran Stat Cd</i>	<i>2</i>	<i>Alpha</i>	<i>72-73</i>	<i>None. Will contain the Status Code returned from ECRS</i>
<i>Tran Reason Cd</i>	<i>2</i>	<i>Numeric</i>	<i>74-75</i>	<i>None. Will contain the Reason Code returned from ECRS.</i>
<i>Trans Action Code 1</i>	<i>2</i>	<i>Alpha</i>	<i>76-77</i>	<i>PE92</i>
<i>Trans Action Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>78-79</i>	<i>PE93</i>
<i>Trans Action Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>80-81</i>	<i>PE94</i>
<i>Trans Action Code 4</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>82-83</i>	<i>PE95</i>
<i>Activity Code</i>	<i>1</i>	<i>Alpha</i>	<i>84</i>	<i>PE61</i>
<i>First Development</i>	<i>1</i>	<i>Alpha</i>	<i>85</i>	<i>PE64</i>
<i>Second Development</i>	<i>1</i>	<i>Alpha</i>	<i>86</i>	<i>PE65</i>
<i>RSP</i>	<i>1</i>	<i>Alpha</i>	<i>87</i>	<i>PE66</i>
<i>Trans Source Cd</i>	<i>4</i>	<i>Alpha</i>	<i>88-91</i>	<i>PE05</i>
<i>HIC Number</i>	<i>12</i>	<i>Alpha-Numeric</i>	<i>92-103</i>	<i>PE09</i>
<i>Beneficiary's Social Security Number</i>	<i>9</i>	<i>Numeric</i>	<i>104-112</i>	<i>PE10</i>
<i>Beneficiary's Date of Birth</i>	<i>8</i>	<i>Date</i>	<i>113-120</i>	<i>PE11</i>
<i>Beneficiary's Sex Code</i>	<i>1</i>	<i>Alpha</i>	<i>121</i>	<i>None</i>
<i>Beneficiary's First Name</i>	<i>15</i>	<i>Text</i>	<i>122-136</i>	<i>PE12.</i>
<i>Beneficiary's Initial</i>	<i>1</i>	<i>Alpha</i>	<i>137</i>	<i>PE13</i>

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MSP Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Beneficiary's Last Name</i>	24	<i>Text</i>	138-161	<i>PE14</i>
<i>Patient Relationship</i>	2	<i>Numeric</i>	162-163	<i>None</i>
<i>MSP Type</i>	1	<i>Alpha</i>	164	<i>PE39</i>
<i>MSP Effective Date</i>	8	<i>Date</i>	165-172	<i>PE67</i>
<i>MSP Term Date</i>	8	<i>Date</i>	173-180	<i>PE68</i>
<i>Send CWF</i>	1	<i>Alpha</i>	181	<i>None</i>
<i>CMS Grouping Code</i>	2	<i>Alpha</i>	182-183	<i>PE0E</i>
<i>Beneficiary's Address 1</i>	32	<i>Text</i>	184-215	<i>PE15</i>
<i>Beneficiary's Address 2</i>	32	<i>Text</i>	216-247	<i>PE16</i>
<i>Beneficiary's City</i>	15	<i>Text</i>	248-262	<i>PE17</i>
<i>Beneficiary's State</i>	2	<i>Alpha</i>	263-264	<i>PE18</i>
<i>Beneficiary's Zip Code</i>	9	<i>Numeric</i>	265-273	<i>PE19</i>
<i>Beneficiary's Phone</i>	10	<i>Numeric</i>	274-283	<i>PE20</i>
<i>Check Date</i>	8	<i>Numeric</i>	284-291	<i>PE98</i>
<i>Check Amount</i>	15	<i>Alpha</i>	292-306	<i>PE99</i>
<i>Check Number</i>	15	<i>Alpha</i>	307-321	<i>PE0A</i>
<i>Informant's First Name</i>	15	<i>Text</i>	322-336	<i>PE21</i>
<i>Informant's Middle Initial</i>	1	<i>Alpha</i>	337	<i>PE22</i>
<i>Informant's Last Name</i>	24	<i>Text</i>	338-361	<i>PE23</i>
<i>Informant's Phone</i>	10	<i>Numeric</i>	362-371	<i>PE29</i>
<i>Informant's Address 1</i>	32	<i>Text</i>	372-403	<i>PE24</i>
<i>Informant's Address 2</i>	32	<i>Text</i>	404-435	<i>PE25</i>
<i>Informant's City</i>	15	<i>Text</i>	436-450	<i>PE26</i>
<i>Informant's State</i>	2	<i>Alpha</i>	451-452	<i>PE27</i>
<i>Informant's Zip Code</i>	9	<i>Numeric</i>	453-461	<i>PE28</i>
<i>Informant's Relationship Code</i>	1	<i>Alpha</i>	462	<i>None</i>
<i>Employer's Name</i>	32	<i>Text</i>	463-494	<i>PE30</i>
<i>Employer EIN</i>	18	<i>Text</i>	495-512	<i>PE37</i>
<i>Employer's Address 1</i>	32	<i>Text</i>	513-544	<i>PE31</i>
<i>Employer's Address 2</i>	32	<i>Text</i>	545-576	<i>PE32</i>
<i>Employer's Phone</i>	10	<i>Numeric</i>	577-586	<i>PE36</i>
<i>Employer's City</i>	15	<i>Text</i>	587-601	<i>PE33</i>
<i>Employer's State</i>	2	<i>Alpha</i>	602-603	<i>PE34</i>

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MSP Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Employer's ZIP Code</i>	9	<i>Numeric</i>	604-612	<i>PE35</i>
<i>Employee No</i>	12	<i>Text</i>	613-624	<i>PE38.</i>
<i>Insurer's name</i>	32	<i>Text</i>	625-656	<i>PE42</i>
<i>Insurer Type</i>	1	<i>Alpha</i>	657	<i>None.</i>
<i>Insurer's Address 1</i>	32	<i>Text</i>	658-689	<i>PE43</i>
<i>Insurer's Address 2</i>	32	<i>Text</i>	690-721	<i>PE44</i>
<i>Insurer's City</i>	15	<i>Text</i>	722-736	<i>PE45</i>
<i>Insurer's State</i>	2	<i>Alpha</i>	737-738	<i>PE46</i>
<i>Insurer's ZIP Code</i>	9	<i>Numeric</i>	739-747	<i>PE47</i>
<i>Insurer's Phone</i>	10	<i>Numeric</i>	748-757	<i>PE0B</i>
<i>Insurer Group Number</i>	20	<i>Text</i>	758-777	<i>PE62</i>
<i>Insurer Policy Number</i>	17	<i>Text</i>	778-794	<i>PE63</i>
<i>Subscriber First Name</i>	15	<i>Text</i>	795-809	<i>PE58</i>
<i>Subscriber Initial</i>	1	<i>Alpha</i>	810	<i>PE59</i>
<i>Subscriber Last Name</i>	24	<i>Text</i>	811-834	<i>PE60</i>
<i>Subscriber Social Security Number</i>	9	<i>Numeric</i>	835-843	<i>PE0F</i>
<i>Diagnosis Code 1</i>	5	<i>Text</i>	844-848	<i>PE69</i>
<i>Diagnosis Code 2</i>	5	<i>Text</i>	849-853	<i>PE70</i>
<i>Diagnosis Code 3</i>	5	<i>Text</i>	854-858	<i>PE71</i>
<i>Diagnosis Code 4</i>	5	<i>Text</i>	859-863	<i>PE72</i>
<i>Diagnosis Code 5</i>	5	<i>Text</i>	864-868	<i>PE73</i>
<i>Illness/Injury Date</i>	8	<i>Date</i>	869-876	<i>PE75</i>
<i>Illness/Injury Description</i>	64	<i>Text</i>	877-940	<i>PE76</i>
<i>Representative Name</i>	32	<i>Text</i>	941-972	<i>PE77</i>
<i>Representative Address 1</i>	32	<i>Text</i>	973-1004	<i>PE78</i>
<i>Representative Address 2</i>	32	<i>Text</i>	1005-1036	<i>PE79</i>
<i>Representative City</i>	15	<i>Text</i>	1037-1051	<i>PE80</i>
<i>Representative State</i>	2	<i>Alpha</i>	1052-1053	<i>PE81</i>
<i>Representative Zip</i>	9	<i>Numeric</i>	1054-1062	<i>PE82</i>
<i>Representative Type</i>	1	<i>Alpha</i>	1063	<i>PE83</i>
<i>Dialysis Train Date</i>	8	<i>Date</i>	1064-1071	<i>PE84</i>
<i>Black Lung Indicator</i>	1	<i>Alpha</i>	1072	<i>PE85</i>

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MSP Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Black Lung Effective Date</i>	<i>8</i>	<i>Date</i>	<i>1073-1080</i>	<i>PE86</i>
<i>Submitter Type</i>	<i>1</i>	<i>Alpha</i>	<i>1081</i>	<i>HE06</i>
<i>Filler</i>	<i>186</i>	<i>Filler</i>	<i>1082-1267</i>	<i>Unused Field – fill with spaces</i>
<i>Error Code 1</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1268-1271</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1272-1275</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1276-1279</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1280-1283</i>	<i>Error code describing reason why file was rejected.</i>

Prescription Coverage Inquiry File Layouts

Prescription Coverage Inquiry Header and Trailer Record Layout

Prescription Coverage Inquiry Header and Trailer Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Header Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Header Record Type Indicator (Indicates a Header record) Set to 'H0'. Required</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>ID number assigned by COBC. Populate with Spaces</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>Part D Plan Contractor number Required</i>
<i>File Type</i>	3	<i>Alpha</i>	12-14	<i>Type of File Set to 'PDI' – Prescription Drug Inquiry File Required</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>Date File Created in CCYYMMDD format Required</i>
<i>Submitter Type</i>	1	<i>Alpha-Numeric</i>	23	<i>Part C/D Contractor Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code of HE06.</i>
<i>Filler</i>	1244	<i>Filler</i>	24-1267	<i>Unused Field – Populate with spaces</i>
<i>Trailer Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Trailer Record Type Indicator Set to 'T0'. Required</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>ID number assigned by COBC. Populate with Spaces</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>Part D Plan Contractor number Required</i>
<i>File Type</i>	3	<i>Alpha-Numeric</i>	12-14	<i>Type of File Set to 'PDI' – Prescription Drug Inquiry File Required</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>Date File Created in CCYYMMDD format Required</i>

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Prescription Coverage Inquiry Header and Trailer Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Record Count</i>	9	<i>Numeric</i>	2-31	<i>Number of Prescription Drug Inquiry Records in file Required</i>
<i>Filler</i>	1236	<i>Filler</i>	32-1267	<i>Unused Field – Populate with spaces</i>

Prescription Coverage Inquiry Record Layout

Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Transaction type</i>	4	<i>Alpha</i>	1 – 4	<i>Type of Record Set to 'ECRS' Required</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	5-9	<i>Part D Plan Contractor number Required</i>
<i>DCN</i>	15	<i>Text</i>	10-24	<i>Document Control Number; assigned by the Part D Plan. Required. Each record shall have a unique DCN.</i>
<i>Tran Type Code</i>	1	<i>Alpha</i>	25	<i>Transaction Type Indicator Set to 'P' for Prescription Drug Inquiry Required</i>
<i>Trans Seq No</i>	3	<i>Numeric</i>	26-28	<i>Sequence Number assigned by COB. Internal use only. Populate with spaces.</i>
<i>Tran Stat Cd</i>	2	<i>Alpha</i>	29-30	<i>Status Code Set to 'NW' for New</i>
<i>Tran Reason Cd</i>	2	<i>Numeric</i>	31-32	<i>Reason Set to '01' for New</i>
<i>Trans Source Cd</i>	4	<i>Alpha</i>	33-36	<i>Source of Record The following source codes are valid: CHEK = Check LTTR = Letter PHON = Phone SCLM = Secondary Claim CLAM = Claim SRVY = Survey DMCH = Datamatch (RAC only) OTHR = Other (RAC only) <i>Not required</i></i>

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Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Update Operator ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>37-44</i>	<i>ID of user making update. Not required</i>
<i>Contractor Name</i>	<i>25</i>	<i>Text</i>	<i>45-69</i>	<i>Contractor name Not required</i>
<i>Contractor Phone</i>	<i>10</i>	<i>Numeric</i>	<i>70-79</i>	<i>Contractor Phone Number Not required</i>
<i>HIC Number</i>	<i>12</i>	<i>Alpha-Numeric</i>	<i>80-91</i>	<i>Beneficiary Health Insurance Claim Number Required if SSN is not entered.</i>
<i>Beneficiary's Social Security Number</i>	<i>9</i>	<i>Numeric</i>	<i>92-100</i>	<i>Beneficiary's Social Security Number Required if HIC Number not entered.</i>
<i>Beneficiary's Date of Birth</i>	<i>8</i>	<i>Date</i>	<i>101-108</i>	<i>Beneficiary's Date of Birth in CCYYMMDD format Required</i>
<i>Beneficiary's Sex Code</i>	<i>1</i>	<i>Alpha</i>	<i>109</i>	<i>Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Default to 'U' if not available Required</i>
<i>Beneficiary's First Name</i>	<i>15</i>	<i>Text</i>	<i>110-124</i>	<i>Beneficiary's First Name Required</i>
<i>Beneficiary's Initial</i>	<i>1</i>	<i>Alpha</i>	<i>125</i>	<i>Beneficiary's Middle Initial Not required</i>
<i>Beneficiary's Last Name</i>	<i>24</i>	<i>Text</i>	<i>126-149</i>	<i>Beneficiary's Last Name Required</i>
<i>Patient Relationship</i>	<i>2</i>	<i>Character</i>	<i>150-151</i>	<i>Patient Relationship between policy holder and patient. Valid values are: 1 = Patient is Policy Holder 2 = Spouse 3 = Child 4 = Other Not required</i>
<i>Check Date</i>	<i>8</i>	<i>Numeric</i>	<i>152-159</i>	<i>Date of check in CCYYMMDD format. Required if Source is CHEK</i>
<i>Check Amount</i>	<i>15</i>	<i>Alpha</i>	<i>160-174</i>	<i>Amount of check in \$999,999,999.99 format. Required if Source is CHEK</i>

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Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Check Number</i>	<i>15</i>	<i>Alpha</i>	<i>175-189</i>	<i>Check Number Required if Source is CHEK</i>
<i>Beneficiary's Address 1</i>	<i>32</i>	<i>Text</i>	<i>190-221</i>	<i>Beneficiary's Address 1 Not required. Populate with spaces if not available.</i>
<i>Beneficiary's Address 2</i>	<i>32</i>	<i>Text</i>	<i>222-253</i>	<i>Beneficiary's Address 2 Not required. Populate with spaces if not available</i>
<i>Beneficiary's City</i>	<i>15</i>	<i>Text</i>	<i>254-268</i>	<i>Beneficiary's City Not required. Populate with spaces if not available.</i>
<i>Beneficiary's State</i>	<i>2</i>	<i>Alpha</i>	<i>269-270</i>	<i>Beneficiary's State Not required. Populate with spaces if not available.</i>
<i>Beneficiary's Zip Code</i>	<i>9</i>	<i>Numeric</i>	<i>271-279</i>	<i>Beneficiary's Zip Code Not required. Populate with spaces if not available</i>
<i>Beneficiary's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>280-289</i>	<i>Beneficiary's Phone Not required. Populate with zeros if not available</i>
<i>Informant's First Name</i>	<i>15</i>	<i>Text</i>	<i>290-304</i>	<i>Informant's First Name Not required. Populate with spaces if not available.</i>
<i>Informant's Middle Initial</i>	<i>1</i>	<i>Alpha</i>	<i>305</i>	<i>Informant's Middle Initial Not required. Populate with spaces if not available.</i>
<i>Informant's Last Name</i>	<i>24</i>	<i>Text</i>	<i>306-329</i>	<i>Informant's Last Name Not required. Populate with spaces if not available.</i>

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Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>330</i>	<i>Relationship of informant to beneficiary.</i> <i>Valid values are:</i> <i>A = Attorney representing beneficiary</i> <i>B = Beneficiary</i> <i>C = Child</i> <i>D = Defendant's attorney</i> <i>E = Employer</i> <i>F = Father</i> <i>I = Insurer</i> <i>M = Mother</i> <i>N = Non-relative</i> <i>O = Other relative</i> <i>P = Provider</i> <i>R = Beneficiary representative other than attorney</i> <i>S = Spouse</i> <i>U = Unknown</i> <i>Not required. Populate with spaces if not available.</i>
<i>Informant's Address 1</i>	<i>32</i>	<i>Text</i>	<i>331-362</i>	<i>Informant's Address 1</i> <i>Not required. Populate with spaces if not available.</i>
<i>Informant's Address 2</i>	<i>32</i>	<i>Text</i>	<i>363-394</i>	<i>Informant's Address 2</i> <i>Not required. Populate with spaces if not available.</i>
<i>Informant's City</i>	<i>15</i>	<i>Text</i>	<i>395-409</i>	<i>Informant's City</i> <i>Not required. Populate with spaces if not available.</i>
<i>Informant's State</i>	<i>2</i>	<i>Alpha</i>	<i>410-411</i>	<i>Informant's State</i> <i>Not required. Populate with spaces if not available.</i>
<i>Informant's Zip Code</i>	<i>9</i>	<i>Numeric</i>	<i>412-420</i>	<i>Informant's Zip</i> <i>Not required. Populate with spaces if not available</i>
<i>Informant's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>421-430</i>	<i>Informant's Phone Number</i> <i>Not required. Populate with zeros if not available.</i>
<i>Employer's Name</i>	<i>32</i>	<i>Text</i>	<i>431-462</i>	<i>Name of employer providing group health insurance under which beneficiary is covered.</i> <i>Not required. Populate with spaces if not available.</i>

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Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Employer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>463-494</i>	<i>Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>495-526</i>	<i>Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's City</i>	<i>15</i>	<i>Text</i>	<i>527-541</i>	<i>Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's State</i>	<i>2</i>	<i>Alpha</i>	<i>542-543</i>	<i>Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>544-552</i>	<i>Employer's Zip Code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>553-562</i>	<i>Employer's Phone Number providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employer EIN</i>	<i>18</i>	<i>Text</i>	<i>563-580</i>	<i>Employer's EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Employee No</i>	<i>12</i>	<i>Text</i>	<i>581-592</i>	<i>Policyholder's Employee Number Not required. Populate with spaces if not available.</i>

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Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Person Code</i>	<i>3</i>	<i>Numeric</i>	<i>593-595</i>	<p><i>Person Code. Plan specific (Relationship assigned plan administrator at the plan level)</i></p> <p><i>Valid values are:</i></p> <p><i>001 = Self</i></p> <p><i>002 = Other</i></p> <p><i>Required only for Supplemental Drug Coverage records.</i></p> <p><i>If not Supplemental Drug Coverage record, populate with spaces.</i></p>
<i>Sup Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>596</i>	<p><i>Supplemental Drug Type</i></p> <p><i>Valid values are:</i></p> <ul style="list-style-type: none"> <i>= Supplemental</i> <i>= Medigap</i> <i>= Non-qualified SPAP</i> <i>= Other</i> <i>= PAP</i> <i>= Qualified SPAP</i> <i>= Charity</i> <i>= ADAP</i> <i>T = Federal Government Programs</i> <i>= Medicaid</i> <i>= Tricare</i> <i>= Major Medical</i> <p><i>if Record Type of Supplemental 'SUP' is selected. Otherwise not required, populate with spaces.</i></p>
<i>MSP Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>597</i>	<p><i>Medicare Secondary Payer Type</i></p> <p><i>Valid values are:</i></p> <ul style="list-style-type: none"> <i>A = Working Aged</i> <i>B = ESRD</i> <i>D = Automobile Insurance, No Fault</i> <i>E = Workers' Compensation</i> <i>G = Disabled</i> <i>H = Black Lung</i> <i>L = Liability</i> <i>W = Workers Compensation Set-aside</i> <p><i>Not required. Populate with spaces if not available.</i></p>

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Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>598</i>	<p><i>Prescription Drug Coverage Type</i> Valid values are:</p> <p><i>U = Drug network</i> <i>V = Drug non-network</i> <i>Z = Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Rec Type</i>	<i>3</i>	<i>Alpha-Numeric</i>	<i>599-601</i>	<p><i>Prescription Drug Coverage Type of Insurance</i> Valid values are:</p> <p><i>PRI = Primary</i> <i>SUP = Supplemental</i></p> <p><i>Not required. If Sup Type is populated and this field is blank, SUP will be assumed. Populate with spaces if not available.</i></p>
<i>Insurer's name</i>	<i>32</i>	<i>Text</i>	<i>602-633</i>	<p><i>Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Insurer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>634-665</i>	<p><i>Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Insurer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>666-697</i>	<p><i>Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>
<i>Insurer's City</i>	<i>15</i>	<i>Text</i>	<i>698-712</i>	<p><i>City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i></p> <p><i>Not required. Populate with spaces if not available.</i></p>

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Prescription Coverage Inquiry Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Insurer's State</i>	2	<i>Alpha</i>	<i>713-714</i>	<i>State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Insurer's ZIP Code</i>	9	<i>Numeric</i>	<i>715-723</i>	<i>Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.</i>
<i>Effective Date</i>	8	<i>Date</i>	<i>724-731</i>	<i>Effective Date of Supplemental Prescription Drug Coverage. Required.</i>
<i>Term Date</i>	8	<i>Date</i>	<i>732-739</i>	<i>Termination Date of Supplemental Prescription Drug Coverage. Not Required. Populate with zeros if not available.</i>
<i>Policy Number</i>	17	<i>Text</i>	<i>740-756</i>	<i>Prescription Drug Policy Number Not required. Populate with spaces if not available.</i>
<i>RX BIN</i>	6	<i>Text</i>	<i>757-762</i>	<i>Prescription Drug BIN Number Required if TYPE = "U" Must be six numeric digits.</i>
<i>RX PCN</i>	10	<i>Text</i>	<i>763-772</i>	<i>Prescription Drug PCN Number Not required. Populate with spaces if not available.</i>
<i>RX Group</i>	15	<i>Text</i>	<i>773-787</i>	<i>Prescription Drug Group Number Not required. Populate with spaces if not available.</i>
<i>RX ID</i>	20	<i>Text</i>	<i>788-807</i>	<i>Prescription Drug ID Number Not required. Populate with spaces if not available.</i>
<i>RX Phone</i>	18	<i>Text plus '(' and ')'</i>	<i>808-825</i>	<i>Prescription Drug Phone Number Not required. Populate with spaces if not available.</i>
<i>Filler</i>	442	<i>Filler</i>	<i>826-1267</i>	<i>Unused Field – fill with spaces</i>

Prescription Coverage Inquiry Header Response Record Layout

Prescription Coverage Inquiry Header Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Header Indicator</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>1-2</i>	<i>HE01</i>
<i>PDP ID</i>	<i>4</i>	<i>Numeric</i>	<i>3-6</i>	<i>HE02</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>7-11</i>	<i>HE03</i>
<i>File Type</i>	<i>3</i>	<i>Alpha</i>	<i>12-14</i>	<i>HE04.</i>
<i>File Date</i>	<i>8</i>	<i>Date</i>	<i>15-22</i>	<i>HE05.</i>
<i>Submitter Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>23</i>	<i>HE06</i>
<i>Filler</i>	<i>1244</i>	<i>Filler</i>	<i>24-1267</i>	<i>Unused Field – fill with spaces</i>
<i>Error Code 1</i>	<i>4</i>	<i>Alpha</i>	<i>1268-1271</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	<i>4</i>	<i>Alpha</i>	<i>1272-1275</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	<i>4</i>	<i>Alpha</i>	<i>1276-1279</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	<i>4</i>	<i>Alpha</i>	<i>1280-1283</i>	<i>Error code describing reason why file was rejected.</i>

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Prescription Coverage Inquiry Response Record Layout

Prescription Coverage Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Transaction type</i>	4	<i>Alpha</i>	<i>1 – 4</i>	<i>PE00</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	<i>5-9</i>	<i>PE01</i>
<i>DCN</i>	15	<i>Text</i>	<i>10-24</i>	<i>PE02</i>
<i>Tran Type Code</i>	1	<i>Alpha</i>	<i>25</i>	<i>PE03</i>
<i>Trans Seq No</i>	3	<i>Numeric</i>	<i>26-28</i>	<i>PE04</i>
<i>Tran Stat Cd</i>	2	<i>Alpha</i>	<i>29-30</i>	<i>None. Will contain status code returned from ECRS.</i>
<i>Tran Reason Cd</i>	2	<i>Numeric</i>	<i>31-32</i>	<i>None. Will contain reason code returned from ECRS.</i>
<i>Trans Source Cd</i>	4	<i>Alpha</i>	<i>33-36</i>	<i>PE05</i>
<i>Update Operator ID</i>	8	<i>Alpha-Numeric</i>	<i>37-44</i>	<i>PE06</i>
<i>Contractor Name</i>	25	<i>Text</i>	<i>45-69</i>	<i>PE07</i>
<i>Contractor Phone</i>	10	<i>Numeric</i>	<i>70-79</i>	<i>PE08</i>
<i>HIC Number</i>	12	<i>Alpha-Numeric</i>	<i>80-91</i>	<i>PE09</i>
<i>Beneficiary's Social Security Number</i>	9	<i>Numeric</i>	<i>92-100</i>	<i>PE10</i>
<i>Beneficiary's Date of Birth</i>	8	<i>Date</i>	<i>101-108</i>	<i>PE11</i>
<i>Beneficiary's Sex Code</i>	1	<i>Alpha</i>	<i>109</i>	<i>None</i>
<i>Beneficiary's First Name</i>	15	<i>Text</i>	<i>110-124</i>	<i>PE12</i>
<i>Beneficiary's Initial</i>	1	<i>Alpha</i>	<i>125</i>	<i>PE13</i>
<i>Beneficiary's Last Name</i>	24	<i>Text</i>	<i>126-149</i>	<i>PE14</i>
<i>Patient Relationship</i>	2	<i>Character</i>	<i>150-151</i>	<i>None</i>
<i>Check Date</i>	8	<i>Numeric</i>	<i>152-159</i>	<i>PE98</i>
<i>Check Amount</i>	15	<i>Alpha</i>	<i>160-174</i>	<i>PE99</i>
<i>Check Number</i>	15	<i>Alpha</i>	<i>175-189</i>	<i>PE0A</i>
<i>Beneficiary's Address 1</i>	32	<i>Text</i>	<i>190-221</i>	<i>PE15</i>
<i>Beneficiary's Address 2</i>	32	<i>Text</i>	<i>222-253</i>	<i>PE16</i>
<i>Beneficiary's City</i>	15	<i>Text</i>	<i>254-268</i>	<i>PE17</i>
<i>Beneficiary's State</i>	2	<i>Alpha</i>	<i>269-270</i>	<i>PE18</i>
<i>Beneficiary's Zip Code</i>	9	<i>Numeric</i>	<i>271-279</i>	<i>PE19</i>

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Prescription Coverage Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Beneficiary's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>280-289</i>	<i>PE20</i>
<i>Informant's First Name</i>	<i>15</i>	<i>Text</i>	<i>290-304</i>	<i>PE21</i>
<i>Informant's Middle Initial</i>	<i>1</i>	<i>Alpha</i>	<i>305</i>	<i>PE22</i>
<i>Informant's Last Name</i>	<i>24</i>	<i>Text</i>	<i>306-329</i>	<i>PE23</i>
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>330</i>	<i>None</i>
<i>Informant's Address 1</i>	<i>32</i>	<i>Text</i>	<i>331-362</i>	<i>PE24</i>
<i>Informant's Address 2</i>	<i>32</i>	<i>Text</i>	<i>363-394</i>	<i>PE25</i>
<i>Informant's City</i>	<i>15</i>	<i>Text</i>	<i>395-409</i>	<i>PE26</i>
<i>Informant's State</i>	<i>2</i>	<i>Alpha</i>	<i>410-411</i>	<i>PE27</i>
<i>Informant's Zip Code</i>	<i>9</i>	<i>Numeric</i>	<i>412-420</i>	<i>PE28</i>
<i>Informant's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>421-430</i>	<i>PE29</i>
<i>Employer's Name</i>	<i>32</i>	<i>Text</i>	<i>431-462</i>	<i>PE30</i>
<i>Employer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>463-494</i>	<i>PE31</i>
<i>Employer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>495-526</i>	<i>PE32</i>
<i>Employer's City</i>	<i>15</i>	<i>Text</i>	<i>527-541</i>	<i>PE33</i>
<i>Employer's State</i>	<i>2</i>	<i>Alpha</i>	<i>542-543</i>	<i>PE34</i>
<i>Employer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>544-552</i>	<i>PE35</i>
<i>Employer's Phone</i>	<i>10</i>	<i>Numeric</i>	<i>553-562</i>	<i>PE36</i>
<i>Employer EIN</i>	<i>18</i>	<i>Text</i>	<i>563-580</i>	<i>PE37</i>
<i>Employee No</i>	<i>12</i>	<i>Text</i>	<i>581-592</i>	<i>PE38</i>
<i>Person Code</i>	<i>3</i>	<i>Numeric</i>	<i>593-595</i>	<i>None</i>
<i>Sup Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>596</i>	
<i>MSP Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>597</i>	<i>PE39</i>
<i>Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>598</i>	<i>PE40</i>
<i>Rec Type</i>	<i>3</i>	<i>Alpha-Numeric</i>	<i>599-601</i>	<i>PE41</i>
<i>Insurer's name</i>	<i>32</i>	<i>Text</i>	<i>602-633</i>	<i>PE42</i>
<i>Insurer's Address 1</i>	<i>32</i>	<i>Text</i>	<i>634-665</i>	<i>PE43</i>
<i>Insurer's Address 2</i>	<i>32</i>	<i>Text</i>	<i>666-697</i>	<i>PE44</i>
<i>Insurer's City</i>	<i>15</i>	<i>Text</i>	<i>698-712</i>	<i>PE45</i>
<i>Insurer's State</i>	<i>2</i>	<i>Alpha</i>	<i>713-714</i>	<i>PE46</i>
<i>Insurer's ZIP Code</i>	<i>9</i>	<i>Numeric</i>	<i>715-723</i>	<i>PE47</i>

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Prescription Coverage Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Effective Date</i>	<i>8</i>	<i>Date</i>	<i>724-731</i>	<i>CM93</i>
<i>Term Date</i>	<i>8</i>	<i>Date</i>	<i>732-739</i>	<i>PE0G.</i>
<i>Policy Number</i>	<i>17</i>	<i>Text</i>	<i>740-756</i>	<i>PE49</i>
<i>RX BIN</i>	<i>6</i>	<i>Text</i>	<i>757-762</i>	<i>PE50</i>
<i>RX PCN</i>	<i>10</i>	<i>Text</i>	<i>763-772</i>	<i>PE51</i>
<i>RX Group</i>	<i>15</i>	<i>Text</i>	<i>773-787</i>	<i>PE52</i>
<i>RX ID</i>	<i>20</i>	<i>Text</i>	<i>788-807</i>	<i>PE53</i>
<i>RX Phone</i>	<i>18</i>	<i>Text plus '(' and ')'</i>	<i>808-825</i>	<i>PE54</i>
<i>Submitter Type</i>	<i>1</i>	<i>Alpha</i>	<i>826</i>	<i>HE06</i>
<i>Filler</i>	<i>441</i>	<i>Filler</i>	<i>827-1267</i>	<i>Unused Field – fill with spaces</i>
<i>Error Code 1</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1268-1271</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1272-1275</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1276-1279</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	<i>4</i>	<i>Alpha-Numeric</i>	<i>1280-1283</i>	<i>Error code describing reason why file was rejected.</i>

Appendix G: Frequently Asked Questions (FAQs)

Am I Using the Correct Option?

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Create Requests or Inquiries	CWF Assistance Request	Add a new Assistance Request for <i>changes to existing CWF MSP auxiliary occurrences, and Part D information.</i>
Create Requests or Inquiries	MSP Inquiry	Add a new Inquiry about a <i>possible MSP situation not yet documented at CWF.</i>
Create Requests or Inquiries	Prescription Coverage Inquiry	Add a new Inquiry about a <i>possible Prescription Coverage situation not yet documented at CWF.</i>
Search for Requests or Inquiries	CWF Assistance Request	<ul style="list-style-type: none"> View a list of all CWF Assistance Requests submitted by the contractor Check the progress of a CWF Assistance Request transaction Delete CWF Assistance Requests that have not been processed by COB. View summary detail for a selected CWF Assistance Request transaction.
Search for Requests or Inquiries	MSP Inquiries	<ul style="list-style-type: none"> View a list of all MSP Inquiries submitted by the contractor Check the progress of an MSP Inquiry transaction. Delete MSP Inquiry requests that have not been processed by COB. View summary detail for a selected MSP Inquiry transaction.
Search for Requests or Inquiries	Prescription Coverage Inquiries	<ul style="list-style-type: none"> View a list of all Prescription Coverage Inquiries submitted by the contractor. Check the progress of a Prescription Coverage Inquiry transaction. Delete Prescription Coverage Inquiry requests that have not been processed by COB. View summary detail for a selected Prescription Coverage Inquiry transaction.
Reports	Contractor Workload Tracking	Review your contractor site's workload (for Medicare contractors)
Reports	CMS Workload Tracking	Review contractor workloads (for CMS users)

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Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Files	Upload File	Upload batch files for processing assistance requests and inquiries. <i>(Requires special user authority).</i>
Files	Download Response File	Download responses to previously uploaded batch files, after transactions have been processed by COB. <i>(Requires special user authority).</i>

General Issues

What are the operating hours for the ECRS Web application?

Attempts are made to have ECRS Web available at all times. However, certain portions of the application, such as HIMR, may only be available from 8 am until 5 pm EST. In addition, system maintenance is performed on Sundays, which also may affect availability.

Do all contractors see the same exact information on ECRS Web, or does it vary from state to state?

ECRS Web information is restricted by contractor number and access code. Contractors can view information associated with other contractors if they the necessary contractor number and access code, in addition to a valid HICN.

Can users print ECRS Web screens?

Yes, some pages can be printed by clicking the Print icon on that page.

MSP Inquiry and CWF Assistance Request Issues

Are completed MSP inquiries, CWF Assistance requests, and Prescription Coverage inquiries purged?

No, but there are origin date parameters on the Search pages that allow you to specify date ranges. The default, unless changed by the user, only shows transactions for the most recent 31 calendar days. You can search requests based on the following criteria:

- Contractor Number
- HICN
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

When searching by HICN, DCN, or SSN, Origin Date range is not required, and results include all contractors, not just your own.

When and how should contractors submit an MSP inquiry or a CWF Assistance Request?

Contractors should use the [CWF Assistance Request] link on the Main Menu for changes to existing CWF MSP auxiliary occurrences, and the [MSP Inquiry] link to submit an inquiry to the COB contractor about MSP overages that are not yet recorded at CWF. Both options are found under the heading Create Requests or Inquiries.

Why can I only update or delete an MSP inquiry or a CWF Assistance Request while it is in new (NW) status?

When an inquiry or assistance request is initially submitted, it has to wait until the batch application processes in the evening before changes or inquiries are actually processed.

During the time that the transaction sits in wait, it is considered to be in NW status. It is only during this time that you can delete or update a transaction, because it has not yet been processed.

Does a contractor need to send three separate CWF Assistance Requests to delete three auxiliary records for the same beneficiary?

Yes. When an assistance request is submitted with the Action Code of DO, the delete is automated within the system, so three separate requests must be submitted to assure all occurrences are deleted.

In the event a transaction is sent via ECRS Web through both the CWF Assistance Request and the MSP inquiry option, does ECRS have an edit in place that will find these duplicate records?

ECRS Web does not have an edit in place to detect this potential duplicate situation. However, an MSP Inquiry will reject with a reason code 87 when a duplicate record is present on the Case Coverage Database.

If a contractor has multiple contractor numbers, can they choose one to use consistently for MSP inquiries and CWF Assistance Request transactions?

Yes. You can use whatever contractor number is best for your work process.

Can contractors delete an MSP inquiry once it has been entered and is later found to contain an error?

Medicare contractors can delete an MSP inquiry if they discover the error on the same day and the inquiry is in NW status. If the error is discovered after the inquiry has been processed, the contractor can submit a CWF Assistance Request, or notify their COB contractor.

What action code should contractors use when they receive information regarding a termination date for a 7777 or 11102 record that is more than six months from the date of accretion?

Selecting [CWF Assistance Request] under the heading Create Requests and Inquiries, from the Main Menu. On the Action Requested page, use Action Code TD, and enter the Termination Date on the CWF Auxiliary Record Data page.

Does the COB contractor view the Comments fields on the CWF Assistance Request Detail page and the MSP Inquiry Detail page?

On the CWF Assistance Request Detail page, the COB contractor views the comments as necessary for each ECRS type as described on page 36. On the MSP Inquiry Detail page, the Comments field has been removed and replaced with additional Action and Reason codes.

Appendix H: Glossary

Term/Acronym	Definition
Action Codes	Used to determine what information should be changed at CWF. For example, if the action code is MT, the system updates information in the MSP TYPE field at CWF.
Assistance Request Transaction	Request to add, update, or delete an existing CWF MSP auxiliary occurrence.
Beneficiary	Medicare beneficiary
CMS	Centers for Medicare & Medicaid Services, the federal agency that administers the Medicare program
COB	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
Contractor Number	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS Web by contractor number.
CWF	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
DCN	Document Control Number
ECRS	Electronic Correspondence Referral System allows Medicare contractors to enter requests via a web application to change Data Match and IEQ MSP records on CWF. Request transactions are sent to the COB contractor, where a batch process reads the transactions and processes the requests.
EIN	Employer Identification Number
GHI	Group Health Incorporated
HICN	Health Insurance Claim Number
HIMR	Health Insurance Master Record
IACS	Individuals Authorized Access to CMS Computer Services
Medicare Contractor	Organization contracting with CMS to process claims, pay for or provide medical services, or enhance the agency's capability to administer the Medicare program.
MBD	Medicare Beneficiary Database
MSP	Medicare Secondary Payer, a statutory requirement that private or other government insurance plans or programs providing health care coverage of Medicare beneficiaries pay before Medicare

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Term/Acronym	Definition
MSP Inquiry Transaction	Inquiry regarding possible MSP coverage
Prescription Coverage Inquiry Transaction	Inquiry regarding possible Drug coverage
RO	Regional Office
SSN	Social Security Number